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Attention to this request will prevent delay in replies and acknowledgments.

YOUNG ITALY TRANSPLANTED. THIS LITTLE ITALIAN IS BECOMING A GOOD AMERICAN CITIZEN

The
Public Health Nurse Quarterly

VOL. X APRIL, 1918 NO. 2

EDITORIALS

THE PEOPLE'S NURSES

In the downtown section of a large industrial city a board of lady managers planted flower beds around a hospital building. The hospital was well managed and these growing plants had regular care of the kind that would be given in a garden possessed of average conditions. One day, as I was passing this institution, I chanced to meet one of its trustees who had just motored in from her country home some twenty miles distant from this spot, in order to attend a meeting. "What wretched looking specimens those plants are!" she said, as she looked with disapproval upon the meagerly flowered stalks, the spindling stems and the soot-choked leaves of the hospital flower beds. "Yes," I made answer, "they are like the children grown in this section."

As if to illustrate this fact a troop of children at play swarmed out of a near-by alley. My friend looked at them with a certain intent earnestness which gave me the feeling that the Vision of the Apostle Paul had come to her, and that she saw "men as trees walking."

This particular lady manager had a nursery of her own as well as a flower garden. Her children were all prize specimens—they would have taken first prizes at a county fair, just as her live stock, vegetables, and flowers took prizes whenever and wherever they were entered for competition. The natural conditions which surrounded her own private domain were excellent from every standpoint, and her management of it was in the highest degree intelligent and enlightened. Before and after the birth of her children she had had the best instruction that the best members of the medical and nursing profession could give her; and at the head of her nursery there was installed, in a position of dignified authority, a nurse whose duty it was to maintain the health and further the development of her children. She had had the good sense to see that if a highly skilled gardener was needed for her garden, and a skilled superintendent for the management of her splendid brute animals, a scientifically educated expert was also needed for the care of such human life as was immediately under her jurisdiction.

In this country, as well as in many others, these matters of child rearing are well understood by a limited portion of the population; thus far, however, the generalized practice of sound principles in respect of the care and nurture of human life has been confined to a very limited proportion of our people. Because of this, we have not yet learned to grapple with the root facts as far as public health is concerned.

In a certain sense, public health nurses are people's nurses, just as private duty nurses are, to a larger extent, engaged in work of an individual rather than a collective character. To make a careful consideration of this matter still more imperative, we must remember that public health nurses constitute, approximately, only thirteen and one-third per cent of all registered nurses in the United States; the remaining eighty-six and two-thirds per cent is divided between private duty and institutional nurses. The whole matter of rearing and protecting human life is yet carried under great difficulty. Let us be careful how we handle such frail and insufficient mechanism as we have provided for the public health.

Even in the midst of smoke, noise, dirt and overcrowding, something can be made to grow, if we can only establish an irreducible minimum of care and nurture for human beings.

Many public health nurses will answer the call for enlistment in surgical and medical service with our troops both here and abroad. Let them go, and God bless them; but for those who wish to continue to do work of a collective character along constructive and reconstructive lines, either here or elsewhere, there should also be honor, esteem and the recognition that they are performing service of an essentially patriotic

nature. This is an era when hard thinking must displace easy thinking, and when facts should be made to overcome fallacies. The whole matter should be lifted out of the confusion and perplexity of half light into that blessed knowledge of the truth which "sets us free."

A DEFINITE WAR SERVICE

Among the very important war time services for public health nurses is work in munition factories or other plants which are indispensable to the successful maintenance of our armies in the field. Such nursing carries with it the greatest opportunity to serve the country by helping to reduce to the lowest possible point the ill health and disability of the men and women employed in making supplies of this kind. Indeed, to care for them is, in a very real sense, to care for the men at the front, and it seems to us that such nurses should be recognized as on active war duty.

We feel that in no case should an efficient nurse be taken from munition works or plants engaged in other war activities, in order to be sent abroad, unless it might be to do similar service in Europe. Experience, skill and familiarity with certain kinds of work should neither be ignored nor under-rated by those who are endeavoring to enroll Red Cross nurses for strictly medical service.

If this war has taught us one thing more clearly than another it is that war service cannot be limited to any particular field of endeavor, but that the whole nation must mobilize in an infinite variety of ways in order to overcome its foes. Health, vigor, intelligence, energy and earnestness of purpose enable a united people to maintain their ascendancy when the lack of these qualities leads them down to defeat. Armies are recruited from the people at home, and the draft examination boards in all countries testify in no uncertain way to the fact that we need to increase our public health work until unnecessary defects and deficiencies in human beings are generally known to be preventable, and until the knowledge has become a universal possession. All these half-known truths should take on dynamic force now that we are being put to the supreme test of physical and moral fitness; and never could there be a better time to arouse all thinking persons to the fact that a nation must be sound in order to be strong, and that energy, courage and power have their root in moral and physical health.

UNDERSTANDING OUR IMMIGRANTS

There is published in this issue of the QUARTERLY an article on Italy—the third paper in the series entitled "The Background of Our Immigrants," which commenced in April, 1917.

The object of this series, as pointed out in a previous editorial, is to give to Public Health Nurses and others whose work brings them into close contact with the foreign elements in our population better understanding of the backgrounds of these people, their habits and prejudices and the scenes and kinds of life which lie behind them.

In our realization of the advantages of freedom and opportunity which are enjoyed by the many foreign peoples whom we welcome in such numbers to our shores, we are, perhaps, a little prone to overlook the fact that many of these immigrants have left behind them much that is grand and beautiful in their own lands, much that they vainly seek in the new land with all its good promise. The Italian, for example, looks back on a country whose legacies of law, art and beauty have been the wonder and admiration of the world. In his home land he may have lived in daily sight of wonderful treasures of nature and art, within hearing of the classic melodies of Italian composers. How different are the conditions which confront him in his new home—living often in the most squalid portion of a big city, within sight and sound only of that which is ugly and sordid. Surely there must often be a heart-sickness—inarticulate, perhaps hardly understood by the immigrant himself—for the things which he has lost.

The more, therefore, that we know of the history and surroundings of these future citizens, the better shall we be able to sympathize with their characters, with their longings and with their failings, and the better shall we be able to safeguard and nurture those virtues and qualities which, guarded and encouraged, will surely make return an hundredfold in the future not only to the immigrants themselves, but also to the country of their adoption.

NEW WAR PROGRAM COMMITTEE

The present number of the QUARTERLY is somewhat larger than we have heretofore published. Its increased size marks the initial impulse of decided action on the part of the newly appointed War Program Committee of the National Organization for Public Health Nursing to greatly increase the interest and support of Public Health Nursing, throughout the United States. We feel that this extra large QUARTERLY will emphasize better than anything else could our new and stronger departure for this definite goal.

AN IMPORTANT RESOLUTION

The following Resolution passed at a Conference of Chairmen of State Child Welfare Committees of the Council of Defense, recently held in Washington, D. C., reached us too late for editorial comment; but its importance is, indeed, so self-evident as hardly to require any further emphasis. We would only point out that the courses advocated by the Conference are needed for both graduate and undergraduate nurses, and are not meant in any way to supersede longer courses in public health nursing, which should be taken whenever possible. The Resolution demonstrates once more the obligation which rests upon all nurses who have already received special training and experience in public health work to consider most earnestly and carefully before accepting any position which could be equally well filled by a graduate nurse without such special public health training. Miss Amy Hughes, in her article on "The Effect of the War on District Nursing in England," published in this issue of the QUARTERLY, states that the national value of the work of Queen's Nurses as midwives and helpers in the Schools for Mothers and Infant Welfare Centers is so fully realized in England that the War Office, in spite of the need of nurses for military service, is not prepared to accept those who are acting as midwives and Health Visitors.

RESOLUTION

That it is the sense of this meeting that public health nurses are absolutely essential in carrying out the program for "Children's Year;" that there is at present a great shortage of public health nurses; and that therefore the Conference requests the Sub-Committee on Public Health Nursing of the Council of National Defense, as well as the National Organization for Public Health Nursing, to devise and carry out ways of increasing the supply of public health nurses in the present emergency. The Conference also urges that the State Councils of Defense will use their influence upon universities and schools having nurses' training to prepare a special four months' course in public health nursing, as it is so urgently needed.

WHAT THE FEDERAL GOVERNMENT IS DOING FOR PUBLIC HEALTH NURSING

Every branch of war nursing service is naturally of the greatest interest to all nurses; there is one particular aspect of war work, however, the ultimate value of which is perhaps fully appreciated by the public health nurse alone.

To the majority of nurses the individual patient is the unit round which every effort revolves; other phases of the case are taken into consideration, of course, but as secondary matters and chiefly in their bearing on the well-being of the patient. The trained public health nurse, however, has learned to estimate the problem of sickness—and of health—from another standpoint; for her the unit is not the individual but the community, and the individual case is chiefly of importance in the light of its reaction on the collective life of the community as a whole.

The appreciation of this fact by the United States Public Health Service has led, as most of us now know, to one of the most important measures which has been adopted for the health and welfare of the soldiers in the cantonments. It is a fact many times proved that the soldier is in more deadly danger from the attacks of disease while in camp than he is from the guns of the enemy when in actual battle; to protect the health of the soldier, therefore, is as vital as to provide him with defensive weapons against the enemy. But as the gain or loss of a battle is dependent not solely, nor perhaps chiefly, upon the actual clash of combat, but upon the whole course of preparation leading up to the struggle, so the battle with disease does not commence in the cantonments, but reverts back to all the surroundings, to all the contacts which can through any channel reach the soldier himself.

The appointment of sanitary zones, encircling cantonments was the first measure taken to meet this situation; and public health nurses were nominated by the Red Cross and appointed by the Federal Public Health Service to work under medical direction as agents in the prevention of sickness, not only in the zones themselves, but in the neighboring civilian communities as well. In establishing this service the Federal Public Health Service endeavors in every instance to let the local health authorities continue their activities, only taking over such work as is not otherwise provided for, and at every point coöperating with existing agencies to the fullest extent. This policy is being followed in regard to the nursing, as well as the medical service.

Two descriptions of cantonment zones and some of the problems which they present appeared in the QUARTERLY for January; and in that issue the announcement was also made that Miss Mary E. Lent, associate secretary of the National Organization for Public Health Nursing, had been temporarily appointed, on Red Cross nomination, as Supervising Nurse for the Federal Public Health Service under Surgeon General Blue. During the three months covered by this first appointment Miss Lent visited some nine cantonments, studying the conditions and reporting on them to Surgeon-General Blue. Each locality afforded its own individual problems. In some places one or two phases of the situation, such as general district nursing, tuberculosis, and infant welfare nursing, were found to be well cared for; whereas there might be little or no provision for school nursing or the care of communicable diseases. In other districts the accent was perhaps being laid in the wrong place, as for instance, on individual nursing care to the exclusion or neglect of a broad view of the health situation and the education and protection of the public; or the position might be reversed, and the preventive side of the work be well and clearly understood, but there might be little provision for the bedside care of those who were sick.

The part which the Federal Public Health Service is taking in the adjustment of these situations, so as to provide the greatest possible protection for the health of the soldier without removing responsibility from the shoulders of the local health authorities, where it properly belongs, is a very definite one. In the minds of the federal officers the general foundation of the public health nursing in the cantonments is investigative, instructive and educational, and should look to the provision of proper care for the dangerous and contagious diseases; but actual bedside nursing care, even in the case of the families of soldiers and sailors, is not a part of the plan. The office of the Public Health Service—city, state, and national—is to protect health, not to give individual bedside care in case of sickness, except insofar as such care may be necessary to protect the public. The provision of actual bedside care for the sick is largely the problem of private organizations; but the work of such organizations must, of course, be coördinated with the work of the health authorities. To bring about this necessary coördination of the various nursing forces in the cantonment districts has been one of the chief functions which Miss Lent, as supervising nurse, has been called upon to perform.

In some cases it is found that the various nursing organizations are seriously overlapping or duplicating each other's work, while, at the same time, leaving very necessary branches of public health nursing activity quite unprovided for. It then becomes the office of the super-

vising nurse to confer with the different groups of workers, bringing them in closer contact with each other and helping and directing them in the preparation of a more practical and coöperative plan of organization; and, entering a community with Federal authority behind her, she is able to make these recommendations with a force and an acceptability which no other authority could give her.

In order to convey a clearer idea of the kind of conditions which require adjustment, and the particular type of service which the Public Health Bureau is performing, it may be well to give an example, taken from Miss Lent's report, of a community in which a situation more or less like the following is evident.

In this community twenty-three nurses are employed under various organizations, all of them working independently of each other, with little or no coöperation—some of the nurses indeed being quite unknown to each other until the supervising nurse of the Public Health Service brought them together. The City Health Department cares for the medical inspection of school children; and, as a separate division of the department, infant welfare nurses follow up all reported births, giving nursing care to any eye conditions which require attention. The Anti-Tuberculosis Association holds excellent clinics and gives general nursing care to the patients on its visiting list. A Jewish organization provides a nurse to look after certain clinic work and to give some general care in maternity cases; and another association employs nurses whose time is entirely devoted to clinic work. A settlement nurse devotes her activities to the general care of a specific group of industrial workers; while each of two large industrial corporations employs an industrial nurse to care for its own employees; and an insurance company provides nursing care for its industrial policy holders. Of the entire staff of public health nurses it was found that not one gave care to cases of communicable disease; other than typhoid, pneumonia and tuberculosis.

The supervising nurse recommended:

1. That one of the nurses should at once be appointed to follow up, investigate and, if necessary, give nursing care to those communicable diseases which were unprovided for, and that the United States Public Health Bureau should be asked to appoint an additional nurse for this branch of the work.

2. That a study should be made by an expert of the conditions in regard to the medical inspection of school children.

3. Coördination of all the separate nursing forces was provided for in the recommendation that a weekly conference should be held in the office of the Federal Public Health Nurse in charge; at this conference

all the nurses would meet together, not only for discussion of their regular work but also for the consideration of the immediate emergency needs of war service.

Besides making these recommendations, further assistance was given in regard to a record system, a set of rules for nurses, and other matters in the direction of practical standardization of the nursing work.

It will readily be seen from this example that the recommendations of the Federal Public Health Service, through its supervising nurse, have as their object not just temporary war aims, but rather the building up of a broad, well founded system of public health nursing which must redound to the betterment of future health conditions. The responsibility for the health of a community is placed squarely where it belongs—at the door of the local health authorities. But although it is not the province of the Federal Government to shoulder the problem of local and state conditions, it is quite its duty, especially now in time of war when the safety of the whole country is involved, to point out the principles which should be followed and the aims which must be kept in view; and such supervision and direction must result in a wonderful unification and strengthening of public health nursing throughout the country.

It has now been announced that Miss Lent's temporary appointment as Supervising Nurse has been indefinitely extended and she has already started on a new tour of inspection in the far south. It is surely a great privilege and a great responsibility that the National Organization for Public Health Nursing should have been called upon to provide the nurse whose training and experience have fitted her to fill a position presenting so many difficulties, yet full of such wonderful possibilities for far-reaching service.

AT THE FRONT IN THE U. S. A.

By ANN DOYLE

"Over seas" duty is the service most sought after by the doctors and nurses eager to "do their bit" in this war, and a great deal will be said and much more will be written of the bravery and sacrifices of those who have seen such service, and justly so; but no less hazardous, no less severe, are the duties of those men and women, into whose keeping has been given the "Sanitation of the Extra Cantonment Zones."

The Zones represent "the front" for this country and contain many of the discomforts and dangers from epidemic diseases, with only a sense of duty done, for reward.

On August 10, 1917, the United States Public Health Service sent to the Tidewater District, a Director, to organize Sanitary Unit No. 9. This district lies between the York and James rivers and comprises an area of about 100 square miles and includes the cities of Newport News, Hampton and Phoebus.

The situation was a complex and difficult one, requiring the skill of a statesman to adjust, for here were three separate towns each with its own individual problems, prejudices, politics and people to be reckoned with.

The population of the district is estimated to be about 90,000. Newport News, a city built to accommodate about 20,000, now forced to house and feed about 50,000 or more; Hampton, Phoebus and the intervening country, with a population of about 40,000 scattered over a large area, connected by roads that are at times almost impassable.

With health organizations already unequal to their tasks it is easy to imagine what would have been the result had it not been for the prompt action of the United States Public Health Service and the Red Cross in establishing this unit to take care of the health matters of this district before the troops were brought here in any great numbers.

A "Survey of Needs" was made and by the end of September out of this chaos had grown a splendid organization, including a well equipped laboratory. I say "chaos" advisedly, for as I look back on those first days of disorder, mistrust, murmerings and a diphtheria epidemic—to say nothing of the heat—I can think of but one other suitable word.

The Unit at present consists of a director, an assistant director, both commissioned officers, an officer in charge of sanitation, one in charge of communicable diseases, one in charge of venereal diseases, one in charge of school inspection, all acting assistant surgeons. Five nurses, four Red Cross nurses and one supplied by the United States Public Health Service, two bacteriologists, three inspectors, two stenographers, and a laboratory boy and a janitor.

In order to concentrate on essentials it was decided to limit the district work to the control of communicable diseases and malaria, to the proper disposal of excreta, to safeguarding the supply of milk and water, and to the inspection of schools. Later, the sanitary control of establishments selling food and drink was undertaken in connection with the Army.

The general plan followed was for an organization that would allow the district to work as a whole and that would continue after the war. To this end public interest was aroused and an Advisory Health Committee, consisting of twelve members, of prominent physicians and citi-

zens was appointed. This committee meets at appointed times and while the help they can give toward solving health matters is limited, it brings the representatives of these communities together and gives each of them the feeling that they are helping in equal proportion, and puts them solidly behind any measure the Director suggests.

The work of the nurses, while wide and varied, is well organized and definite. One nurse has charge of the Detention Hospital for Venereal Diseases and another nurse has charge of the Social Service Department of the Venereal Disease Clinic and Hospital. This work, while the "newest" activity bids fair to be the most prominent one. The project is well planned along safe and sane lines, for here, too, the Director has been far seeing and intends to make this clinic live after the war is over and as in the rest of the programme there is nothing drastic or "military" to make the people want to drop it the minute peace is declared.

Two nurses are attached to the communicable disease division, their work consists of visiting every case of communicable disease occurring on the Peninsula, whether this report comes through physicians, or is sent in by the neighbors, friends, families, or is found by the nurses or inspectors.

The families are instructed in the sanitary precautions, which are standard, and hold good for all diseases. The precautions are quoted below:

SANITARY PRECAUTIONS TO BE OBSERVED IN THE CARE OF COMMUNICABLE DISEASES

These measures are based on the principle that all diseases not conveyed by insects are spread by contact, and that the infection should be confined to one or two rooms.

No one should enter the sick room except the attendant, nurse, doctor or health officer.

To carry out these instructions the sick room should have:

1 wash tub
1 slop jar or small covered can
1 pail containing disinfectant solution ready for use
2 basins (handbrush, soap, etc.)
1 dish pan
1 bottle of liquid disinfectant
Towels
Paper bags

These articles should be used as follows:

All clothing, such as bed linen, towels, nightgowns, etc., should be placed in the tub and soaked in disinfectant for one hour before being taken from the room.

All dishes used in the sick room must be soaked for at least one hour in the disinfectant solution, after which they may be washed with the family dishes in the kitchen.

All discharges from bowels, and the urine, and all left over liquid nourishment, all water used in washing patients, and in cleaning their teeth, gargling their throats, etc., must at once be placed in the covered garbage can, which must at all times contain enough disinfectant solution to cover the contents and be allowed to stand one full hour before emptying into the water closet, or privy vault. The can must be kept covered at all times.

After taking care of the patient, and especially before leaving the room, the hands must be scrubbed with soap, water and brush, for two full minutes and then soaked in the disinfectant solution in the second basin.

Disinfectant solution is made by mixing thoroughly two tablespoons full of liquid disinfectant to each gallon of water.

A pail full of this disinfectant solution should be made up and ready for use at all times.

When the patient is well and ready to be discharged, the room must be thoroughly cleaned, scrubbed and aired. The floor, woodwork and walls, as far up as they are likely to have been touched, should be gone over with a cloth wrung out in the disinfectant solution. The carpets, mattresses, pillows, stuffed furniture, etc., must be placed out of doors in the sun for one full day.

Books, toys, and other articles, which have been handled by the patient, should be treated in like manner.

It is readily seen that no matter what the disease, if these precautions are observed, there is no danger.

We supply, when necessary, the articles needed to carry out this routine.

A great deal of time and care is given the "Terminal cleaning up," for no fumigations are done.

The quarantine is limited to one or two rooms and the immune contacts, in fact, everybody in the house, not coming in actual contact with the patient, is allowed to go to work, or to school, as the case may be. This tolerant treatment, I am sure, is responsible for the coöperation we get from physicians and families.

In certain diseases the epidemiological data is taken by the nurse and the sanitary inspection of the premises is left to the nurse. The

visits vary from daily to twice weekly depending upon the disease and the intelligence of the attendant.

The work is in the main instructive but, where necessary, the nurse gives bedside care either for demonstration or when there is no one to whom the care of the patient can be given—for instance, when a mother comes down with a case of secondary infection, which is found very frequently in communicable diseases. Then also there is the working girl or man living alone in the boarding house.

Time is given to educational work, which takes the shape of talks on hygiene—social and personal, sanitation, contact, vaccination, etc., to mothers, parent-teacher associations, pupil nurses, in fact to anybody, anywhere the opportunity presents itself.

One afternoon each week is devoted to teaching some sort of Domestic Industry to the patients confined in the Detention Hospital and an effort is being made to have some of the patients taught to read and write. This will be done by volunteer workers who will be under the supervision of the Social Service Department.

A weekly conference is held of all the nurses doing public health work on the peninsula. Social problems are discussed, some case work is done and as often as possible a speaker is obtained to give a twenty or thirty minute talk on some subject relative to public health, or in Current Events. This supplies a need felt by all of us and also gives to the nurses isolated here something of the stimulus the city nurse has and which she never really appreciates until it is out of her reach.

An enormous piece of work has been done, but much remains yet to be done. It is indeed gratifying to see how quick the people are to avail themselves of the new things in public health we have to offer. We should indeed be proud to know that we have brought to stay, a new ideal to a people who never could have gotten it had it not been for the war. Truly indeed, "'tis an ill wind that blows nobody good." and war is buying for them something their commonwealths would never have levied for in times of peace.

THE HOUSING PROBLEM IN THE SHIPPING YARDS

By THEO JACOBS

War, cunningly conceived of and planned for by the Germans, found the Allied nations in an entirely unprepared state. Realizing the inadequacy of their equipment, the one thought of the nations was to speed up the manufacture of munitions and other war accessories at whatever cost. As an example, England swept aside all laws and regulations of labor. This was no time for limited hours or exclusion

of occupations for any class. With a large quota of manhood in service, the tax on those at home was greatly increased. Children too, it was thought, were needed to help in this fight for democracy, so the school requirements were lowered that they might enter into industry. Health, labor laws, education and other constructive measures that had slowly but steadily grown out of the nation as a part of its very life, were now considered luxuries for times of peace.

The output in the factories and industrial plants for the first few months was tremendously increased. Then it began to grow less and less—what was the cause? A careful study was made from a purely business viewpoint to discover the reasons for the inefficiency in production. A "stale" worker was found to be an expensive proposition. The work of those exhausted by long, continuous hours was far below in quality and quantity that of the fresh, physically fit. Thus, from no altruistic or philanthropic motive, the regulations of labor—the aforesaid luxuries of peace—were resumed as essential in the time of war. Long, unbroken hours, though found to be one cause of inefficiency, was not the only one.

With the introduction and rapid growth of industrial centers, housing became a problem. At first this was of little or no significance to the employer; good wages were paid the men, so his responsibility outside of the factory was nil. In continuing the study of the inefficiency of the plant as per the number of men employed, the fact was revealed that the life of a man outside the factory reflected itself in the degree of efficiency of the man inside. In other words, men putting in a full day's work, returning to shelters (hardly called homes), occupied by twice and three times the number they were intended for, were physically unfit to put forth their best efforts. Temporary barracks were then built, as there was no time to spend in building permanent homes. These, however, did not fill the need. Separated from their families, having large wages with little expense and no healthful amusements, money was spent in liquor, gambling, etc., to the moral as well as physical detriment of the men.

The English Government, through its bitter experience, learned the full import of the old adage, "More haste, less speed." As an expedient measure, to truly speed up efficiency, this Government appropriaged $800,000,000 for the housing of men in settlements where there were inadequate facilities. Small houses were built that the men might have the steadying influence of their families. Churches, schools, recreational halls, libraries, etc., were included. Well End, a development at Woolwich, is an example of the outcome of the study of the reaction of the man's living conditions on his efficiency.

The United States Government, gaining from the English experience, has just appropriated $50,000,000 under the management of the Shipping Board for the housing of shipyard workmen. There is a contract pending with the United States Shipping Board under this bill, which will provide for the development at Dundalk of a tract of 1000 acres of land situated about midway between Baltimore and Sparrows Point, a portion of it lying along the electric car line to Baltimore, with carfare to Sparrows Point of 5 cents and 10 cents to the center of Baltimore.

During the past few years the number of industrial enterprises in or near Baltimore has increased very rapidly. The manufacturing plants have been located, for the most part, on both sides of the Patapsco River, an arm of the Chesapeake Bay, upon which Baltimore is situated. One of the greatest factors in this industrial development was the purchase of the Maryland Steel Company's plant, located on the Patapsco River at Sparrows Point, by the Bethlehem Steel Company, which was followed by the very material expansion of the works and extension of its activities in new directions, the enlargement of the ship building plant, the erection of a new tin plate plant, the enlargement of the steel mill.

The rapid development of industrial enterprises and the consequent increase in the number of industrial workers has not been accompanied by a corresponding increase in the number of houses available for their occupancy, either in the city or at points more convenient to the various plants. The scarcity of houses in locations convenient to the various plants was felt generally throughout the city but perhaps most acutely in the region between Baltimore and Sparrows Point. A conservative estimate of the number of industrial workers required for the operation of these various plants now in operation, or about to start work, and located on the eastern side of the Patapsco River between Baltimore and Sparrows Point, is about 30,000 men, which would mean provision through all agencies of housing accommodations for more than 150,000 people.

At the present time the housing facilities at Sparrows Point are entirely inadequate, so that in the case of this plant alone, which employs about 8000 men, some 5000 of them have to live in Baltimore City, 10 miles away. The nearest point where any considerable housing is at present available is Highlandtown, which is virtually a part of Baltimore City, located in Baltimore County, with a 10 cent car fare to the works. Even there, there are not adequate facilities. Houses that have been built for one family and are inadequate for lodgers, are being temporarily used by these workers.

The officials of the Bethlehem Steel Company had been dealing, with more or less difficulty, with their problem of industrial housing at Sparrows Point and recognized the urgent need for further development. In December, 1916, an arrangement with E. H. Bouton of Baltimore was made to direct a development for residential purposes. He was general manager for three years of Forest Hills Gardens, Long Island (a residential development made under the Russell Sage Foundation). An expenditure of some $3,500,000 was contemplated for this purpose. Due to the war, the government commandeered many of the activities of the Bethlehem Steel Company, holding up this outlay. Now that the bill has passed Congress, appropriating money for housing, this project will probably be started in the very near future.

Great judgment has been shown in the choice of a site for this center. The land is slightly rolling in character, affording good slopes for sewerage and drainage, and at the same time the hills are not steep enough to create difficulties in development of the roads or in the location of houses. Portions of the land are wooded and at several points there is considerable water frontage on one or more of the numerous creeks in the vicinity, which will be extremely useful for cheap and healthful recreation. The general shape of the whole tract is long and narrow, approximately one-half mile wide, parallel with the line of the electric railroad, making nearly all portions of it convenient to the car line. The surrounding country is rich farm land, devoted largely to truck farming, affording a convenient source for an important portion of the food supply. The tract will also be served by branch lines of the Pennsylvania and Baltimore & Ohio Railroads, over which other supplies can be hauled. In a community of the size contemplated, ultimately 5000 or 6000 houses, there will soon be enough people to support good local stores, so the residents can be virtually independent of Baltimore.

The tract is large enough to provide housing of various sorts and kinds for different kinds of people, and is sufficiently removed from the industrial plants so that they will not be an annoyance. This little center will not be of mushroom growth, springing up overnight, looking like a picture puzzle. Careful plans have been made of the whole layout, with an eye to economy, convenience, beauty, health and comfort of the future inhabitants. As various parts are developed, they will take their place in relation to other portions and coordinate with them as the scheme is completed.

In studying this general plan, the topography of the land was first carefully considered and the location of certain important roads was arrived at, as providing natural and economical arrangements for the main arterial lines of sewerage and drainage. The next consideration

was the location of a center which would afford suitable accommodations for stores and other buildings of a public and quasi-public nature, as well as areas which could be devoted to playgrounds, athletic fields, etc.

Next, a system of more important roads was designed, which would connect with the several approaches to the property and which would at the same time afford arterial circulation for traffic throughout all the various parts. Straight roads, running in different directions over the tract, meeting at strategic points and constituting a general arrangement of main thoroughfares, serve as a frame work upon which smaller sub-divisions are based and at the same time provide easy and natural means of approach to the community and intercommunication between the various parts. The areas bounded by these main roads were then divided into blocks by smaller roads, which were so arranged as to give the greatest economy of design for building lots. The variety in direction of the main roads avoids the unpleasant monotonous effect and gives to each road the feeling of logical purpose where it is meeting a perfectly definite demand. It also makes it possible in any given section to get rectangular blocks with the consequent economical lot sub-division.

In the general layout, sites for churches, school houses, etc., were considered and the required number of areas of sufficient size were reserved in suitable locations, as well as areas for playgrounds, parks and other land which should be reserved for public use on account of its natural beauty, such as water front, in order to avoid the evils of congestion, which would develop if these matters were neglected.

There are two principal thoroughfares through the property, one carrying the present trolley car line and the other forming the main longitudinal thoroughfare, made respectively 120 and 100 feet wide. The residential streets are narrower than the thoroughfares, making them inconvenient for through traffic, thus adding to the quiet of the street and safety of the children.

The architect, always having in mind the necessity for keeping expense at the lowest possible point, has shown great ability in avoiding monotony on the one hand, and, as he describes it, a fussy effect on the other. Hollow terra cotta tile, stuccoed on the exterior, with slate roofs, are the building materials to be used. Each house has been considered not as a unit in itself but a component part of a block. By a proper arrangement of the houses on the lots and a study of the roof lines of each, a variety of interest in the composition of the blocks has been secured, at the same time repeating indefinitely certain housing types without undue monotony. The disposition of buildings at street

terminals has been arranged to give agreeable vistas, lending a sense of order and purpose to the scheme. Houses are to be equipped with electric lights, sanitary plumbing, heating plants, etc. The price of the houses will range from $2000 to $5000 and they can be bought or rented. Boarding houses for single men will also be built. These will accommodate twenty-five men each.

It is to be remembered that the governing factor in the outlay of so much time, thought and capital is the means to the highest efficiency in production. Health of mind and body have been recognized by the business man as a commercial asset.

RETURNING THE DISABLED SOLDIER TO CIVIL LIFE

What is Being Done by Certain European Countries and Canada

It is a curious anomaly that the most destructive of all wars, which has already taken its toll of millions of human lives, should at the same time have placed upon human life and human energy a value such as it has never possessed before. In all previous wars the wounded and crippled have been cast aside as derelicts—the grant of a small pension being the only responsibility assumed towards them by their governments, but today a revolution has taken place in the attitude of the public regarding this matter, and the Allied nations are vieing with each other in their efforts to rehabilitate to the fullest possible extent their disabled soldiers. The United States Government has already taken action in this direction and in view of the provisions which are being made for the care of the wounded men who inevitably will soon be returning from Overseas, some account of what has already been accomplished by other nations should be of particular interest.

To public health nurses, indeed, methods for the care and rehabilitation of the crippled must always be of intense interest, not only in their application to men in military service, but also in their bearing on the difficult question of the disabled and invalided of the civilian population, with whom their service brings them so much in contact. It seems safe to say that the thorough and scientific methods which are being so successfully applied in the case of crippled soldiers are in large part equally applicable for use in civil life; and that the knowledge and results already gained will steadily increase as time goes on.

Canada has shouldered the problem and responsibility of her returning disabled in the most whole-hearted and practical manner, through the agency of what is known as the Military Hospitals Commission. Much interesting material is contained in the various bulletins which

RETURNING TO CIVIL LIFE

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have been issued by this Commission. The object of the Commission is clearly set forth in an early bulletin (December, 1916), from which the following is an extract:

The Commission will not rest content, nor should Canada be satisfied, until every soldier disabled in his country's service has recovered the utmost possible degree of power and energy for success in civilian life. The extent to which this can be done depends, however, only partly on the Commission's wisdom and energy. It depends also, and very largely on the wisdom and energy of the soldiers themselves. Their exercise of will-power, their courage in peace as in war, their determination to succeed in spite of physical handicaps, will do at least as much to conquer those handicaps as any possible treatment by the most skilful and conscientious doctors and instructors.

Wisdom and energy must also be shown by the public if the results of the Commission's work are to be lasting. When the soldier takes his discharge and passes out to rejoin the ranks of his fellow-citizens, they must receive him, not merely with the sympathetic welcome that greeted his return to the country, but with concerted and determined measures to find or make employment for him. Every man who offered his life in his country's cause must be enabled to serve his country still, in a position profitable both to it and him—a position, too, in which his restored capacity will be fully employed.

The Commission's duty is to make it possible for him to take such a position. To find such a position for him is not only a matter for governmental action but a duty to be taken up by the whole body of individual citizens.

Only by the united and determined coöperation of public authorities and private citizens, soldiers and civilians, can we secure the result absolutely essential for Canada's welfare. We are proud of our soldiers for their achievements in the war; we shall be still more proud of their future achievements in the development of their country when peace returns.

Sir Frederick Williams-Taylor, General Manager of the Bank of Montreal, in the same bulletin wrote:

By neglecting to restore every man to the highest efficiency he is able to attain, we should be adding to the country's burden in two ways, both of them very serious.

It has been stated in Parliament that the disabled men will receive $21,000,000 a year in pensions. That figure is only based on an enlisted force of 300,000. With 400,000 men under arms, the pension charge at that rate will be $28,000,000, equal to 5 per cent on a loan of $560,000,000.

The country has shouldered the burden with the utmost good will. But that is all the more reason why the country should be assured that the burden will not be unnecessarily increased. The pension is given as compensation for disability. Every removable disability that is not removed, therefore, lays an increased and unnecessary burden on the whole community, including all the soldiers themselves, besides being a particularly grievous injury to the soldier who is allowed to suffer from it.

A still heavier burden would be laid on the country by the loss of these men's industry. Every citizen is, as it were, a part of the great economic machine of Canada. If he is an efficient part he is adding to the wealth and maintaining

the prosperity of the country. If he is not efficient, he is a dead weight for the rest of the nation to carry, and lessens instead of increasing the country's resources. That is not the position that any soldier will want to occupy.

PROVISIONS MADE BY CERTAIN EUROPEAN COUNTRIES

The first step taken by the Canadian Commission was to ascertain what had been accomplished in Europe along the same lines. In April, 1916, a special bulletin was published in which was gathered together information obtained by Mr. W. M. Dobell, a member of the Commission, who had visited England and France in an effort to find out what was being done in Europe on behalf of wounded and disabled soldiers. A great deal of attention is being devoted to the question of the care and reëducation of the wounded in England,[1] but as the English work is, perhaps, better known than that of France and Belgium, it may be of more interest to dwell rather upon the reports from the two latter countries. England is, however, through the Anglo-Belgian Hospital at Rouen, sharing in the work described a little further on in the quotation from an article by Dr. Deltenre.

In addition to Mr. Dobell's report, the bulletin also contains "free, and in certain cases, condensed translations of various documents, mostly collected in the course of Mr. Dobell's investigations." These documents comprise the following:

Physical and Psychological Tests. Dr. Amar.

The Anglo-Belgian Hospital at Rouen. Dr. Deltenre.

Vocational Re-Education. Dr. Bourillon. (Summary of an article which appeared in the *Revue Philanthropique* of January 1916).

Provision for War Cripples in Germany. Dr. McMurtrie.

Psychiatric Treatment. Dr. Clarke.

Treatment of Canadian Wounded in England. Surgeon-General Jones.

The facts found seem to arrange themselves under the following headings:

First. The mental attitude of the wounded, which shows the conditions under which, or against which the physicians and educators have to work.

Second. The medical means which they use to accomplish their ends.

Third. The actual vocational training given to enable the wounded to resume normal living.

[1] An article dealing with this subject appeared in the *Atlantic Monthly*, March, 1918.

Mental attitude of the wounded

Dr. Bourillon, who is head of the Hospital at St. Maurice, in his article on Vocational Re-Education analyzed in a most practical and sympathetic way the mental attitude of the disabled soldiers and the mutual responsibility of them and the government toward each other. It is the duty of the nation, he pointed out, to make every effort to assure an honorable existence to those of the invalided who are not in a position to provide for the proper maintenance of themselves and their families. It is the nation's duty, also, to make these splendid victims of the war understand that if society owes them a debt they, in their turn, must offer to their Motherland after their heroism and their sufferings, that which remains of their strength, and as far as lies in their power, the ability and the will to coöperate in the economic rebuilding of their country. "Many young wounded soldiers, weakened by violent and prolonged sufferings, dangerous operations and nervous shocks, have had their equilibrium rudely shaken and disturbed; such shocks to their physical organization are bound to re-act on their mental and moral condition." Unfortunately, there are forces at work which augment instead of counteracting this condition. To the question "What is to become of me?" evil counsellors give the answer, "Make your claims heard—the state owes you everything—was it not in her service you were wounded?" Even the devotion of those who most earnestly desire to assist the invalids has often been so misplaced as to cause grave harm. In their endeavors to amuse and occupy the sick soldier they have given games and have taught the making of small articles:

> These seemingly healthy and beneficial pastimes have had grievous results, for the best seed, when sown in poor soil, brings forth but a wretched harvest. . . . . Their small labors, which might be such a pleasant way of preparing the mutilated for more serious occupations, have on the contrary often been the means of turning them aside from their pursuit of a real vocation. Having discovered that the small objects which they have manufactured and have sold for a price far and away above their true value have brought them money, they have continued to live in this way, and what was intended as an encouragement towards training has become a premium on idleness.
>
> The peculiar mental condition of the disabled renders him a prey to a number of evils, and a large part of the responsibility rests on the shoulders of the public. But we must be indulgent towards the weakness of our heroic defenders, and have confidence in them. When healthy red blood once more flows through their veins, when they have escaped from harmful influence, and once more find themselves amidst familiar surroundings, in the bosom of their families (which seems to be the main desire of the majority) and finally, when they find themselves facing the reality of things, they will understand the necessity of completing by

work the resources that their pensions will assure to them, and then these brave soldiers will become peaceful and industrious workmen. Proof of this is already in our possession, for it is chiefly from amongst those who have been placed on half-pay and returned to their families, that the ranks of the laborer and apprentice are recruited. Nevertheless we must institute an active propaganda in order to enlighten the minds and sustain the weakened wills of the convalescent, so that when cured of their wounds, they may again take up real life. Every delay in carrying out this suggestion increases the chances of seeing them overcome by the evils of indolence.

We shall not be able to convince all the disabled of the necessity of work, and we shall doubtless see, in the course of time, that all too many of our unfortunate cripples are destined by their own fault to a life of idleness, to poverty and its miserable consequences. We must be careful, however, that this latter class shall not be able to reproach us with having abandoned them at the moment when our advice and protection would have been indispensable had they realized it.

In closing his article Dr. Bourillon draws attention to a danger which peculiarly threatens the invalided soldiers:

It is well known with what ease civilians who are disabled acquire the habit of intemperance, hence a physical decline follows on the heels of a moral decline. This same danger, which is most to be feared of them all, threatens our invalids. No precaution, no preventive measure must be neglected in order to arrest this evil. Patient teaching must be brought to bear on each one who is inclined to drink, but one must not hesitate to inflict severe penalties on those who give rise to repeated scandals. Toleration would only appear a weakness and would prove a grievous example. Reading-rooms with newspapers, games, amusements, meetings, lectures, etc. should be open to them to entice them away in their leisure hours from the wineshops and unwholesome pursuits. But these isolated endeavors, whatever value they may have, will not suffice unless energetic and universal measures are undertaken to complete the work.

Therapeutic and orthopaedic treatment

In a lecture outlining the origin, organization and working of the Therapeutic and Orthopaedic Institute at Rouen Dr. Armand Deltenre gives a most instructive account of the Physiotherapeutic Installations in use at the Anglo-Belgian Hospital. He makes the statement that

The experience acquired by those who have made a specialty of vocational reëducation of cripples, confirms the assertion that 80 per cent of the injured, even those seriously wounded, can regain a total or partial working value; that of this 80 per cent 45 per cent of such individuals can even earn their livelihood after reëducation in their former trade, or in a trade suitable to their mental or physical capabilities, and that the remaining 35 per cent can only regain a small portion of their original working capacity.

In considering the question of the medical and social treatment of these invalids, he continues:

The duty which falls upon the army medical service and upon the state, consists, partly, in the founding of a hospital in which will be concentrated all the physiotherapeutic and orthopaedic treatments in order that there may be ensured to those who are slightly wounded as complete a restoration of the functions as possible. On the other hand, it consists in the founding of a school for vocational reëducation, and a bureau of assistance for the war victims who have become helpless, after we have vainly exhausted all therapeutic methods calculated to restore to the maximum their injured functions. Should these two organizations, the one medical, the other social, be united or separated? It is quite difficult to determine the exact moment when improvement by therapeutic means is no longer possible. Besides, it is a fact, frequently proved, that vocational reëducation will often favorably modify functional incapacity in certain of the maimed where medical care alone has failed. In the majority of cases, reëducation is of great assistance to medical treatment and helps to hasten recovery. It seems, then, logical to join together in the same place, under common direction, the Therapeutic Institute and the School for Reëducation. The union of these two institutions, the one completing the other, would produce an ideal organization.

In the beginning great difficulties had to be overcome; the necessary apparatus for the mechanotherapeutic treatment could not be obtained either in Rouen or Paris; but finally the ingenious idea was conceived of having the instruments manufactured by the wounded themselves. The workshop belonging to a vocational school in the neighborhood of Rouen was utilized, and by degrees the apparatus was constructed—so successfully that at the time the report was made 90 instruments had been completed. Another necessity was that of manufacturing artificial limbs; the first steps were laborious, as no special workmen were available.

One of the doctors attached to the hospital who had been interested in Prosthesis, took the direction of the workshop and was assisted by two foremen of special value. To these were added mechanics, fitters, cabinetmakers, who learned the modelling of wood, bootmakers, who were initiated in the moulding of leather, chosen among unskilled soldiers and among our wounded. To each one of them it was necessary to give the first ideas of work of this kind.

The artificial limbs of wood now being manufactured in these workshops are said to rival the most perfect productions procurable in America. The Government is being recommended to adopt this model for patients who have lost their lower limbs. If this recommendation is accepted, measures can at once be taken by increasing the number of laborers, and by perfecting the plant, to make thirty American artificial legs a month. By improving the workshops it is not only sought to alleviate present miseries, but to create a Belgian industry in order to be independent of foreign supply.

A very interesting portion of Dr. Deltenre's lecture deals with the subject of medical gymnastics (massage, kinesipathy, muscular re-education), without which the other physiotherapeutic agents employed would not have been so efficient or effectual as they have proved to be. In this connection the writer states:

> One may know all about the technique of medical gymnastics but not be in a position to apply one's knowledge effectually; often the treatment of the same disease will differ in two different individuals. It is necessary to have a knowledge of the primary positions and of all their peculiar qualities. Scandinavian doctors, having a thorough knowledge of medical gymnastics (the essential principles having been clearly explained by Dr. Ling, a Swede) are continually applying it, not only to all of their wounded but to sick people as well, since many medical diseases are susceptible to this kind of treatment. They apply it themselves or have it given by "medical gymnasts," special graduates of the Royal Institute of Stockholm. All of these scientific manipulations have displaced the mechanical apparatus, the use of the latter being limited to the treatment of certain deformities of long standing to save the work of the "medical gymnasts." . . . . For some time past, the wounded soldiers of certain large hospitals at the front were being sent us immediately after being operated upon. Thus they were able to benefit at once from medical gymnastics, which treatment aims not only to treat the muscles, and the joints and nerves, but also strives to avoid vicious healings, so frequent and so serious, and devotes itself assiduously to the restoration of the general and special motor functions. This gymnastic treatment is an especially delicate branch of the profession. It is very efficient, but may become dangerous if it is placed in unskilled hands or directed by a mind ignorant of its danger signals. It is for this reason that we have asked and obtained the authorization to utilize in the Anglo-Belge Hospital at Rouen, three ladies, medical gymnasts, graduates of the Institute of Stockholm, who with three of our military assistants are scarcely equal to their daily tasks, for 175 convalescents are daily taking this treatment. . . . .

Despite all the difficulties which had to be overcome the work of the Institute has been most satisfactory: From the time of its inauguration (December, 1914) up to October 31, 1915, 2900 convalescents had been admitted and treated, 1170 (40 per cent) cured and allowed to rejoin their divisions, 670 (23 per cent) had been sent on to the Institute of Re-Education at Vernon, 180 (6.20 per cent) to the Depot at Havre (a school for vocational reëducation); and 880, the remainder, were undergoing treatment on November 1st.

Physical and psychological tests

Dr. Bourillon points out that "From the point of view of the future of the invalided, it is the relation between his disability and his occupation which is the essential factor." A bookkeeper, having lost a leg in the war, could earn his living in the same way as before, while a

pianist who had lost a single finger could not carry on his former profession.

Dr. Jules Amar, who has been the pioneer in Europe in the scientific examination of the wounded, in a statement in regard to the Organization of the Training of the Disabled gives an account of his system of testing the psychological and physical values of mutilated men, before their reëducation is undertaken. "The purpose of this examination is to so effectively ascertain the capabilities of each invalid, that errors in the choice of a career may be reduced to a minimum, and to give data for scientific adjustment of effort and tools so as to produce the highest output with the least fatigue." Dr. Amar points out that

> Direction towards suitable vocations is a question of classifications, and necessitates a strictly scientific examination of the individual. Reëducation in allied occupations must be sought for. No workman capable of reëducation in one or another branch of his former occupation should be diverted, and any deficiency of his diminished physical force should be supplemented by superior instruction and appropriate arrangements in the workshop. Many who have amputated arms can be trained for carpentry and wood-turning. In a general manner, it appears to be unreasonable, not to seek to reëducate almost all the mutilated. It is a question of science and of method; it demands the organization of training schools. . . . . It unites medical and technical knowledge, to the end that artificial limbs will be adapted to satisfy physical and vocational capabilities. The proportion dependent upon relief is then reduced; and one must endeavor, without ceasing, to reduce it.

Dr. Amar expresses the wish "that the term 'relief' were in reality, as in its definition, a synonym for collaboration or for union. One does not *give* relief, that is to say charity, to the glorious victims of the present war; one *owes* them work in the noble acceptation of the word." The following is the classification given by Dr. Amar in regard to the proportion of the mutilated who are capable of recovering their working and social value by a reëducation conducted on the scientific lines which he lays down:

Maimed or mutilated	Reëducable 80 per cent	Total: 45 per cent with some specializing	Professional Schools
		Partial: 20 per cent	Professional Schools
		Fragmentary: 15 per cent	Professional Schools
	Non-reëducable, 20 per cent	Relief institutions	
		Partly in special workshops	

Vocational reëducation

A most interesting portion of Mr. Dobell's Report is that which describes the Belgian Military Institute for Professional Re-Education, Port Villez, Vernon; which is, perhaps, the model establishment of its kind. He says:

The institution is not only self-supporting but, since its opening in August last, it has paid back to the Belgian Government the entire capital cost of installation. There is at present accommodation for 800 men and this is being increased to 1200. . . . . It must be understood that these men are still mobilized and are therefore subject to military discipline and receive the pay of a Belgian soldier, namely, 43 centimes per day. The fact that the entire male population of Belgium is mobilized enables Major Haccourt to requisition the services of the very best craftsmen in the different trades as professors, and these men perform very valuable work for their ordinary pay as soldiers. Forty-three different trades are taught, covering almost every imaginable occupation. There is a large farm in connection with the establishment on which horses wounded in the war are cared for and made useful. The workshops provide for instruction in bookkeeping, shorthand, typewriting, telegraphy, moulding in clay, wood-carving, drawing and designing of all descriptions, wall paper designing and painting, the manufacture of motor vehicles and electrical machinery of all descriptions, tinsmithing and plumbing, tailoring, boot-making, basket-making, poultry farming, rabbit farming, to which fur curing, dyeing and trimming are added.

The land provided for this establishment was for the most part originally covered with forest, and the first move was the erection of a saw-mill. The forest was thinned out on scientific principles and the timber converted either into lumber required for the buildings or such as would be saleable on the open market. Large quantities of pickets and stakes of all descriptions which were required by the Belgian army were manufactured, and also large wickerwork shields which were used for laying on swampy ground under gun carriages so as to prevent them from sinking; in fact everything was made use of.

The buildings originally cost 450,000 francs and this amount was repaid to the Belgian Government out of the profits on the lumber, stumpage being paid on the standing timber. The equipment and plant for the workshops cost 300,000 francs and this amount has been repaid out of the profits of the different workshops. Up to date, most of the work has been done for the Belgian War Office and the above handsome profit has been realized, besides enabling the Government to get their supplies very much more cheaply than they were doing from other sources. For instance, fuse boxes which were being made in the United States and costing them 30 francs apiece laid down, are now being delivered at 10 francs apiece, leaving a profit of 2½ francs, or 25 per cent, to the Vernon establishment. In addition, they are making all their tools of every description as well as a large number for the Belgian army. All the printing and photography is done on the premises, besides a great deal of Government printing work. The men are paid, in addition to their army pay, from 5 to 20 centimes per hour according to the work they do, and the surplus profits are now being funded for the benfiet of the men. . . . .

This institution is operated in connection with the Anglo-Belgian Hospital at Rouen, so that men are only sent to Vernon when they are considered to have finished with actual hospital treatment. On arrival at Vernon they are put through a highly scientific test in order to establish their physical capacity, and no man is allowed to attempt to learn a trade which will be too arduous for him or at which he is not likely to become efficient. The underlying principle of the whole establishment is, constant work and no idleness. There is a small hospital in connection where men who become ill or are temporarily suffering from their old wounds are accommodated, and, unless they are absolutely helpless, they are required to do some sort of work in bed; the hospital orderlies being men who have passed examination as instructors in such work as net-making and light basket work.

The very best orthopaedic and therapeutic treatment is available on the premises, as well as a gymnasium and instructors in fencing, boxing, sword exercises and physical development, great care being taken to avoid the over-development of the uninjured limbs, which would increase the proportion of disability of the other members. Artificial limbs are manufactured and fitted on the premises, this work also being done by the men themselves. . . . .

In estimating the success of this institution there are several points which must not be overlooked as they would not apply to any other country:

First. The men are all under absolute military discipline and are sent to Vernon, without any option, as soon as they come out of the hospital.

Second. Very few of them have any homes to go to and they are therefore all the more willing to stay where they are.

Third. The pay of the Belgian soldier is so small that the overhead charge to the Government is not onerous.

Fourth. The services of the very best professors in the different trades are obtained at a minimum cost and practically without trouble, as the men are simply ordered to do the work and no regimental officer in the Belgian army can refuse to allow any officer or man in his unit to proceed to Vernon whenever he is requisitioned.

Fifth. The requirements of the Belgian War Office provide an immediate outlet for practically everything that can be produced. This is now changing to some extent as more of some articles are being turned out than the Government can use, but Major Haccourt does not anticipate any difficulty in disposing of the surplus in the open market.

Sixth. The population of Belgium was the most highly trained community in Europe, the great majority of the men having a thorough knowledge of some trade or other and very few being illiterate.

CANADIAN PROVISIONS FOR THE CARE OF THE WOUNDED

After careful consideration of the findings published in this report of Mr. Dobell's a plan was organized to meet the somewhat different needs of Canada.

Accommodation provided

The first step necessary toward carrying out the object for which the Military Hospital Commission in Canada was founded was to

procure a sufficient number of convalescent hospitals and homes, where the proper medical treatment and reëducation of the returned soldier could be assured. By May, 1917 there were fifty-seven institutions operated directly by or for the Commission, beside fourteen others where definite accommodation was available, and apart from hospitals for the insane and some twenty-three hospitals where men needing active treatment could be sent. In some places it has been necessary to erect buildings and in others to make considerable structural alterations, so that buildings designed for other purposes might be utilized as hospitals. Owing to the natural desire of the men to be as near their own homes as possible, the institutions established by the Commission have been spread throughout Canada.

The following is a summary of the accommodation acquired by the Commission:

Convalescent hospitals and homes operated by Commission	3,980
Convalescent hospitals and homes operated by Commission (under construction)	6,101
Sanatoria operated by Commission	332
Sanatoria operated by Commission (under construction)	235
Sanatoria used by Commission (present accommodation)	420
Sanatoria used by Commission (under construction)	390
Hospitals for insane operated by Commission	125
Beds available in provincial hospitals for insane	46
Beds at clearing and discharge depots	1,600
Available at active treatment hospitals	1,720
	14,949

In order that the Commission might be in a position to know what its requirements might be, it entered at once into communication with the Director of Medical Service of the Canadian Contingent at London and an estimate was made as to the probable number of returned soldiers to be expected. This was placed at from 1200 to 1500 a month. This estimate fell considerably below the actual figures, for a statement made toward the end of 1917 shows that the Canadian Hospital ships are bringing back about 2000 a month and that the rate is ever increasing.

An arrangement was entered into between the Commission and the Department of Militia and Defence, whereby the Army Medical Corps was to contribute to the Medical Service of the Commission. This service has been divided by the Commission into special classes, including specialists in the following branches: General Practice; Tuberculosis; Orthopaedics; Mental Diseases; Eye, Ear and Throat Diseases; Dental; Massage; Electrical Treatment; Physical Drill; Rheumatic Treatment.

Divisions of the work

While at the outset the Commission was charged with the provision of the Convalescent Homes for members of the Canadian Expeditionary Force returning invalided from the front, there are now four main divisions to this work, viz:

1. The provision of convalescent hospitals and homes for members of the Canadian Expeditionary Force returning invalided from the front and for men left behind by battalions proceeding overseas.

2. The provision of vocational training and general instruction in convalescent hospitals, especially for men whose disabilities prevent their returning to their previous occupations.

3. The administration of a command, known as the Military Hospitals Commission Command, into which are drafted all returning invalids, and men in Canada who require further treatment.

4. The operation of a central office which coöperates with the provincial governments in assisting men to find employment as soon as they are ready for discharge.

Vocational training

All men returning from overseas, requiring further medical treatment, are placed on the strength of one of the Command Units of the Military Hospitals Commission. Usually a man who is recommended for a period of treatment in a convalescent hospital or home, is given leave to visit his own home before entering on treatment, but this permission is granted only when, in the opinion of the Board of Medical Officers, such leave will not be detrimental to his health. In January, 1916, the provision of vocational training for the men in the hospitals and reëducation for those unable to follow their previous occupations after their discharge, was definitely undertaken, and a vocational secretary was appointed. As the work was largely experimental, one of the first steps was to make a survey, at widely separated parts of Canada, of typical groups of patients in the convalescent hospitals. This survey went further to prove the statement already obtained from France, that the proportion of men who were so disabled as not to be able to return to their previous occupations was a comparatively small one. Classes in general subjects were established, and one of the first courses provided English teaching for foreign born members of the Expeditionary Force. The general subjects soon developed a distinct commercial side, in which shorthand, typewriting, bookkeeping and related branches were taught. At the principal centers, through

the coöperation of the Civil Service Commissioners, examinations for Civil Service were organized. The outdoor work, gardening, poultry keeping, etc., was most successful, and was introduced wherever possible. In Winnipeg between $800 and $900 worth of poultry and garden produce was raised by the patients at the local convalescent hospital during one summer.

The reëducation of men whose disability prevents their return to their previous occupations, and the maintenance of those men and their families while undergoing such reëducation is a new principle, and one in which Canada is leading in its practical application.

The question as to what new occupations a disabled man might be trained for is first of all a medical one, though it is largely one for a vocational counsellor, a man well versed in the knowledge of the training necessary for those who desire to pursue them. But further, and this is an important consideration, it is an economic question, touching the law of supply and demand. While there are a number of occupations for which it is not difficult to train men, it does not follow that employment can readily be found in them. Last, but by no means least, the man's own wishes and desires for his future must be consulted. The question, therefore, is an individual one, and every case is investigated separately. The decision as to the occupation for which an opportunity of being trained is to be offered a man, is made in the light of the medical, technical, economic and personal factors of his case. The Commission has established a complete organization, for carrying out examination and for determining what reëducation, if any, should be given to the discharged men.

VOLUNTARY AID IN NURSING—WHAT IT IS AND WHAT IT IS NOT

FRANCES PAYNE BOLTON

Voluntary Aid in Nursing Service. What is it? and What is it not?

What is it, this volunteer work in the nursing end of things? Surely it is the inevitable, unavoidable outgrowth of the romantic craving for picturesque war service; and just as surely is it the legitimate way of expression for many young women to whom service in any form appeals, and who lean towards care of the sick in some form.

What is it not? Unequivocally it is not a patriotic service, no matter how romantic it may be, if it in any way interferes with the training of regular graduate nurses, hampers the best work of the hospitals and training schools or lowers the standard of trained nursing service. And above all it is not and never can be a short cut to nursing.

What do we mean, when we say "nurses aids?" Do we mean the young women who have perhaps taken a short course in Social Service and who then sign on under some branch of the Woman's Defence

Council for a given number of hours a week, going about with the district nurse, making the many "friendly visits," the visits to hospitals, to agencies, to organizations etc., leaving the nurse free for actual nursing? Or do we mean the girls who took the Red Cross First Aid and Home Nursing Course with perhaps the 72 hour hospital service added, and who long for "active service?" If we mean the former, they certainly have a big field requiring great tact, unlimited and judicious sympathy, understanding, and perseverance, with sufficient imagination to sense the dramatic in the apparently commonplace. If we mean the latter, let us look below the surface.

Would it not seem that a young woman of keen intelligence, with a real love of nursing, would feel in a short time that with so little training she could be but ill-prepared to meet the acute problems of serious illness? Bedmaking, occasional bath-giving, etc., she is unquestionably equal to; but what training has she in the quick recognition of symptoms, what real knowledge of disease and its complications? Would not a few weeks serve to awaken in her the desire, nay the demand for more training, would she not feel more and more insistently the need of adequate knowledge of nursing technique?

Unquestionably there is a big field for those of us who have had this short course, and I do not mean to minimize its possibilities, if one can keep one's point of view and stay within bounds. Surely to relieve a nurse of the heavy routine work and take from her overburdened shoulders the weight of some of the drudgery, leaving her free to give her strength to actual nursing care, is no small service, but there is no special glory in it. How much more thrilling to go over with a Unit! But before you do this last, find out why the British and the French Governments asked us not to send over aids—for, whether you know it or not, that is the reason why the aids that were so hurriedly trained last spring were not sent. And do not forget that they say three aids equal one nurse and food is none too plentiful "Over There."

Stop a moment, too. Has it ever occurred to you that you might be doing a far bigger thing if you stayed at home and gave the money you would have spent on your equipment to one or two nurses who are going over? Do you realize that it costs the average nurse anywhere from $75 to $150 to get the necessary woolens, boots, etc., not included in the Red Cross equipment? And many of these women are the main support of a mother or sister.

They must have maximum service for minimum cost "Over There." Are we partially trained ones what they so imperatively need? Should we not serve more effectively by putting our shoulders to the wheel at this end, sending over the fully trained women? And what does

this shoulder work include? Surely it means we must see if there is not a way for us to increase the number of trained women. Perhaps we can take the training ourselves. "But I can't leave Mother, I must be at home in the evening." Then see if there is not enough live material on your hospital board to face the problem squarely and evolve a schedule which will make such an arrangement possible. Agitate it. Start them thinking. One large New York hospital is already trying such a plan. And do not forget, nor let your Board forget that the Federal Government *must have* more nurses—highly trained women.

A word to those who still feel they want a short training in some form. Go into the regular course if you possibly can (if you are a college graduate and have had the necessary sciences two years will be all you need) the need is so much greater than you know, and two years from now it will be more acute if the intelligent women do not go in at once. If you cannot do this, Stop, Look, Listen.

What happens in a large hospital when a class for aids is organized? The Superintendent wants to give as much as possible in the few short weeks, so takes one of her best teachers. Then certain ward work is assigned the class. This takes from the girls in regular training the best instructor and certain clinical material. Try as everyone will the effect of having "outsiders," "society girls" working in the building has a somewhat demoralizing effect on the probationers and young nurses. In a large hospital this is bad, but in a small one it is even worse. Let me explain: This past summer an aggressive campaign for the increase of pupils in training schools had the excellent effect of getting a goodly number of small hospitals to bring themselves up to standard. By this I mean "an average of 50 patients a day." Put an aid course in such a hospital and you immediately eliminate from the regular teaching force one teacher, and from the clinical material a certain number of beds, which actually brings the standard below what appears on the books. Should we not be especially careful not to be the cause of lowering this imperative standard at a time when so much is at stake? Don't let your very normal desire for a bit of a thrill attached to your war service run away with sound judgment.

Do not think that I am in any way belittling the service made possible by this short course: I admit quite frankly that I cannot see how we are to meet the nursing needs without some such V. A. D. How it can be done is fortunately not for me to decide, and it would seem as though some way might be found if all involved, nurses, doctors, girls and the general public, understood clearly that Voluntary Aid in Nursing Service must always be *supplementary to* and can never be *substituted for* trained service.

Do not let our enthusiasm or our craving for adventure as well as for service keep us from seeing the difficulties surrounding the proper organization of such Volunteer Service. Let us be constructive in our attitude, endeavoring to see what is best for all in the long run. For, when all is said and done, not only the result of the war, but the aftermath as well, will be determined by what is left of human energy, and if we want to be equal to the reconstruction after Victory we must conserve every atom of man and woman power, and see that it is applied in the right place and to the best advantage.

THE BACKGROUNDS OF OUR IMMIGRANTS[1]

III. Italy—The Homeland

By ANNIE M. BRAINARD

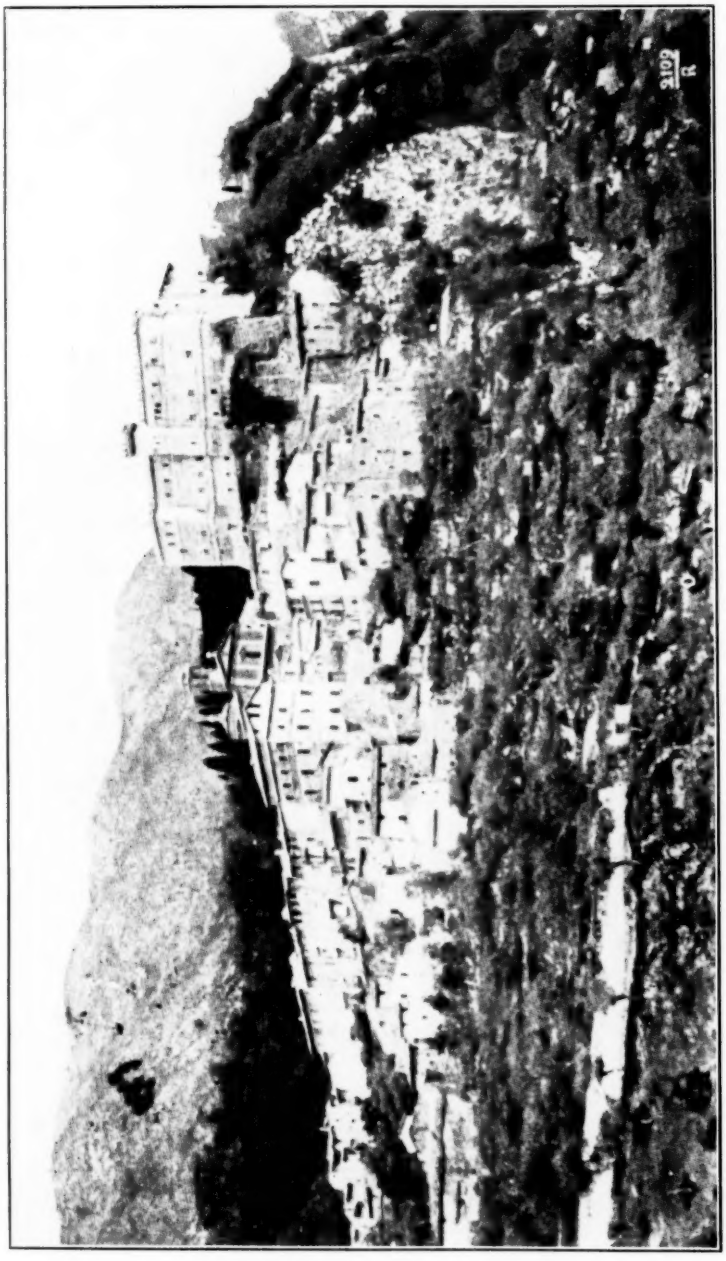
How many of us, when we see the swarthy Italian laborer bending over his pick-ax or shovel, or the bright eyed Italian woman in her round petticoat and gay colored kerchief, picture to ourselves the land from which they came, or remember for one minute the difference between the life lived here, and the life they have left in the homeland? Do we take into account the conditions and superstitions which have surrounded them and their ancestors for generations, when we complain of their un-American ways? And do we remember the ignorance of their forebears when we complain of their own ignorance in regard to sanitary living or personal hygiene? I think it might help us to better understand the man, if we knew somewhat more of the country from which he came.

Italy lies like a great boot thrust out into the Mediterranean. Close in to the east, to the west, to the south, lie the Tyrrhennian, the Adriatic and the Ionian Seas—seas whose very names spell poetry and art. To the north lie the beautiful snow-covered Alps, and down through its center runs the long Appenine range, branching out into hills and high plateaux, interspersed with lovely valleys and lowlands.

These seas and snow-capped mountains have tempered what might otherwise have been a hot and torrid climate, and made of Italy a land of bright sunshine, but cool breezes; while the hills and valleys, the plains and long coast lines, offer a great diversity of scenery and of beauty. The north, with its wonderful lakes, its snowy mountains,

[1] The first in this series of articles, The Russian, appeared in April, 1917; the second, The Portuguese in Providence, was published in July 1917.

MANY OF OUR IMMIGRANTS HAVE LEFT BEHIND THEM MUCH THAT IS GRAND AND BEAUTIFUL IN THEIR OWN LANDS



MANY OF THE ITALIAN TOWNS ARE PERCHED ON THE TOP OF A HILL, OR STRAGGLE UP ITS SIDES, WITH OLIVE GROVES CLUSTERING ABOUT THEM

its modern industrial cities, is a very different Italy from the Italy of the far South.

The diversity of scenery and of beauty is apparent even from province to province or from town to town. The warm valleys of the Appenines shut in by the hills and uplands, are luxuriantly fertile; while in the province of Apulia, stretching along the south-east coast, the land cannot even be cultivated for lack of irrigation.[2] Broadly speaking Italy may be divided into three large divisions—Northern, Central and Southern Italy.

Northern Italy is the most progressive. Here we find the large industrial cities, Milan (the largest silk center in the world), Turin (a modern metropolis) and Genoa (one of the busiest ports in the world). Here in the north the industries are numerous and varied, and the vast crop of factory chimneys to be seen throughout Lombardy and northern Tuscany, while detracting somewhat from the picturesqueness of the landscape, are indicative of the great commercial activity of this region.

Central Italy is "hopefully advanced." There is not such variety in its industries, but agriculture is carried on with intelligence and modern methods. The peasant farmer understands the value of varied crops, and raises wheat and other cereals, grapes and olives; he introduces irrigation where necessary, turning sandy wastes into cultivated fields, and steep and arid cliffs into fruitful vineyards and olive groves. He keeps pigs, poultry, calves and silk worms; and the women spin and plait straw.

In Southern Italy agriculture is practically the only industry, and in many regions wheat the predominant crop. Here the lot of the day laborer is miserable indeed, and when the wheat crop fails, or disease or blight attack the vineyards or olive groves, his condition is pitiable.

The Italian, however, is by nature not only patient, but gay and happy even under the most trying conditions. "The poorest Italian has the sun in his eyes, and the geniality of the Gods in his smile." He is merry and light-hearted, and faces the future without much thought of his responsibilities.

Here, again, however, we notice a difference between the Italian of the north, and the Italian of the south. "The hot-blooded southerner observes a different standard of morals and of hygiene, fires to anger or interest more quickly, and is generally less dependable and industrious than his northern brother." The people of Siena are a kindly, simple and provincial people with something of the gaiety

[2] An aqueduct is now being built which will transform this region.

THE WOMEN ARE WITHERED AT FORTY

and impulsiveness of youth, while the Neopolitan is notoriously untrustworthy as well as light-hearted and irresponsible. The Italian, however, as a race has a charm which no one can deny. "How they cheat and smile with winning grace—move you to tears and to laughter, irritate, interest, delight and distract!" They are like children and one loves them as children, forgives them as children.

Apart from its great commercial cities, Milan, Turin, Naples, apart from its great centers of history and art—Rome, Venice, Florence—apart from these and many other towns and cities of only lesser interest Italy is rich in picturesque small towns and quaint villages. Many of these towns are walled, with medieval architecture and dark, narrow streets, most picturesque if unsanitary, while the villages lie snugly in the clefts of the highlands, or perch on the top of a hill, or straggle up its sides, the houses huddled close together as though for protection, while above it rises the castle or monastery of the middle ages. Up and down the steep roads that lead to these villages, the peasants, young girls and old women, pass incessantly, carrying heavy loads of faggots on their heads, gathered from a nearby wood, or leading the patient donkey with loaded panniers across his sides.

The peasants and artisans living in these crowded towns and villages retain many of the habits and customs of by-gone times and it is said that if an Italian of the Renaissance were to return today to his sleepy old provincial town or village he would find little changed and would fall into its daily life without surprise or effort. "They follow in their fathers' footsteps and in certain districts there is probably little difference between the traditions of the Italian peasant of today so far as his methods of cultivation are concerned and those of his forefather in the days of Horace and Virgil."

Each village has its little—or sometimes big—church about which centers the life of the village, for the Italian is essentially religious, the church with her ceremonies and her festivals dominating every act of his daily life. "To the people of the Abruzzo Country and indeed to all the peasants and shepherds of the hills, the Madonna, the Saints, and the Devil are very living personalities." Their religion is full of superstition—they believe as implicitly in the Evil Eye and in Omens as they do in the saints or the blessed Virgin; and have as much faith in amulets, as in prayers. Their holidays are holy days, and the religious processions and the ceremonies of the church form their greatest celebrations.

Many of the districts have their own particular saint or festival and many a village church its miracle dealing madonna or saint, and the celebration of these special saints days are carried on from year

to year and from generation to generation with the same elaborate ceremonies. In Florence, for instance, the patron saint is St. John, whereas in Campobasso in south eastern Italy the feast of Corpus Domini is the great festival of the year. This festival is called the "Misteri" and its celebration always includes a religious procession in which are floats representing in a most wonderful way some dozen *Mysteries*, such as St. Isadore causing water to flow in the desert, or the Assumption of the Virgin—the various parts are taken by the boys and girls of the district and the positions necessary for them to assume are often very difficult, sometimes requiring a complicated frame-work of iron artistically hidden with flowers or drapery, to hold them suspended in the air.

"The life of the Italian peasant is mostly one of grinding poverty—the women are withered at forty, the men toil on like beasts of burden"—the wages of an agricultural laborer range from 60 cents to $1.60 a day and meals furnished, that of an unskilled laborer from 25 cents to $1.00 while even a skilled laborer only receives from $1.00 to $1.60; the highest wages prevailing in the north, the lower in the south,—small wonder that the Italian, especially the laborer from the south, has turned his face toward America, and finds it a land flowing with milk and honey. In point of fact the Italian emigration has been due principally to over-population and the consequent impossibility of procuring a decent living out of the land, not, as in Germany or Russia, to an oppressive Government—therefore the Italian immigrant still loves his Homeland, sends back regularly to those he has left behind, as much money as he can spare, and when he has accumulated what to him is a competence often returns to his native town or village, there to pass the remainder of his life in comfort and contentment. Moreover in spite of this apparent poverty among the peasants, there is in many districts—such as a large part of the fertile provinces of Tuscany and Umbria and in certain portions of the south—more money than is generally supposed, and many a thrifty peasant has a goodly sum put away in the bank. The Italian peasants are past-masters in driving a good bargain, and their women are economical housekeepers, and famed for making a little go a long way. The food of the Italian peasant is of the simplest, consisting chiefly in wheaten bread, fruit, vegetables, cheese, oil and wine; they eat little meat or sugar, and drink little coffee. The two most common dishes among the peasants—aside from macaroni which might be called the national food, are Polenta, a savory combination made of cornmeal mush, allowed to get cold and then cut up into a rich dish of broth, tomato, dried mushrooms and cheese; and *Minestroni*, a thick vegetable soup highly seasoned with onion,

garlic, tomato, mushrooms, etc., into which is dropped sliced potatoes, chopped cabbage or rice. Even little babies of eight or ten months old are fed on this soup, and all are given red wine to drink, "because they don't like milk" their mothers say.

In the summer time, and in the parts of Italy where it is warm and bright, the Italian peasant spends most of his time out of doors, working in the fields, the vineyards, and olive groves, gossiping by the village fountain, knitting in the open door-ways, or on the streets. When the snow flies, and the cold wind blows, however, he shuts himself up in his crowded home, sometimes seven sleeping in one room, hermetically seals all his windows, and then passes most of his winter amid smoke and stuffiness.

All these customs and habits he transplants to his new home in America. If he has a few feet of yard he builds himself a *pergola*, plants a grape vine, and lives and works in the open air; when the winter comes he shuts himself up in his few rooms, nails down the windows, and sews the children up in their clothes. He is merely continuing to do what he and his ancestors have done from generation to generation.

There is a general impression that the Italian of the lower classes is peculiarly dirty and careless of his appearance. He is dirty, but perhaps no more so than his fellows in other countries. As for his personal appearance, the town artisan is rather extravagant in the matter of his clothes, spending more in comparison with his earnings than he is justified in doing; while the peasant woman is proud of her gay kerchief, and one of her first purchases on arriving in America is a hat with a flower, or a feather. Social distinctions in Italy do not permit a peasant woman to wear a hat; therefore the purchase of a hat not only indicates pride in her personal appearance, but a still greater pride in the fact that she feels herself to have risen in the social scale.

At present Italy, like the rest of Europe, is suffering from the effects of the war. Her men are fighting valiantly on the battle front, and her women are working and suffering at home. She, like the other warring countries, is going through a period of regeneration; she cannot be quite the same again. What will come after the great war is ended it is impossible to say. Probably emigration will not be as heavy as it was previous to 1914; possibly a different cause may impel those who do emigrate; but whether the flow of emigration increases or decreases of one thing we may be sure, that the Italian who does come to our land will always look back with love to his old home, and will speak with pride and affection of his beautiful, sunny Italy.

THE NEW PUBLIC HEALTH—TUBERCULOSIS[1]

By ARTHUR K. STONE, M.D.

It is reported that many years ago a wild huntsman, who had in a fit of rage and jealousy killed a peaceful shepherd, made reply to the question, "Where is Abel, thy brother?" "I know not. Am I my brother's keeper?" And this very denial of any responsibility for his brother was, in fact, the beginning of community responsibility. The recognition of this principle, however, made slow progress and it was only fully enunciated when 1900 years ago the Great Teacher boldly said, "Thou shalt love thy neighbor as thyself." And later His great Apostle insisted that "we are all members of the same body" and that one portion cannot be ill without affecting all the other members.

Through the centuries this idea has but gradually gained strength, been better understood, and applied. As man has been essentially wild and individualistic and has the instinct within him for the survival of the fittest—which has usually meant the strongest—the community spirit has developed around strong individuals who were overlords and could afford protection to those about them. Unfortunately, these forms of helpfulness on the part of the strong for the weak have too often become means of oppression. It is only within the last one hundred and fifty years that there has been a systematic development of the people themselves, as an organized whole. Even this advance has not been by any means a steady progression, nor has it been universal. The great wave of progress marked by the founding of our Republic and the French Revolution was in a way checked by Napoleon and the return soon after of the Bourbons to power, the advance again made in the middle of the last century, by the growth of the Hohenzollern absolutism with its denial of the right of the people to think for themselves.

In this country, the population of the sparsely settled communities with the few cities scattered along the coast or at convenient points on the great rivers grew slowly for a time. The advent of the mill, at first a great economical asset to the community, later became a menace, when the individual mill owner was superseded by the corporation and the original worker was superseded by the vast importation of foreign laborers speaking many languages and with greatly diversified ideals and customs but all intent on achieving one thing—material success in the shortest possible space of time. All of these things have led to the overcrowding of the towns and cities, and to the formation in the very citadel of democracy of caste distinctions; for

[1] Read at a meeting of the Eastern Section of the Tuberculosis Conference for Tuberculosis workers.

do we not, in contempt, speak of "niggers, wops, ginnies, sheeneys, and chinks, etc., etc.," too numerous to mention? The old stock tends to withdraw itself to an exclusive seclusion; the next racial group has assumed the burdens or the exploitation of government, and in its turn looks down on the newcomers. But the foreigners increasing in both numbers and power and by their growing importance to the community, have at last made themselves felt. In the last years, people have begun to wake up. We are realizing that there must be community action and life once more, and the spirit of brotherhood has been reborn and is stronger than ever before; and even this great war has emphasized this brotherhood of man as nothing else before in the history of the world.

"What," you ask, "has all this to do with the New Public Health?" If I may state it crudely, The Old Public Health was materialistic. It had to do with the suppression of epidemics—our valuable Health Department first came into being as the result of a smallpox epidemic—protection of the public was its first duty. Thus to check epidemics, to provide pure water and proper sewage systems, to abate nuisances, to insure pure food, vaccines and sera were the orthodox activities of the health authorities. Much was accomplished. Let me quote the historian Lecky, who wrote in 1896 on the *Growth of Democracy and Liberty during the Reign of Queen Victoria*. He writes,

> The great work of Sanitary Reform has been, perhaps, the noblest legislative achievement of our age, and, if measured by the suffering it has diminished, has probably done far more for the real happiness of mankind than all the many questions that make and unmake ministries.

We have gradually realized that although everyone had a right to be protected from epidemics as far as possible, and to be assured that he had pure water, good sewage, and was protected from exploitation by avaricious men in the matter of his food, there was still something more that must be done—that men and women cannot be allowed to do as they please with their own lives whether their actions are the result of their own wish and volition or entered into because of tribal customs or from force of circumstances. It came to be recognized that everybody had a duty to the public to be well and healthy, and therefore to be a potential economic force for the upbuilding of the community. Gradually it became evident that some of the individuals of the community were not doing their share to make use of all the benefits that the various sanitary reforms had put at their disposal, and a study was made to find the answer for this. There are many explanations, but it can largely be summed up in one word, *ignorance*, sometimes willful, sometimes enforced, but largely just

plain *ignorance*. Now the growth of this last idea in public health work, the New Public Health, has been in a great measure due to the development of the Anti-Tuberculosis Campaign.

Following hard upon the teachings of Pasteur, it came to be recognized that there was in the community, after epidemics had been eliminated, after pure water had been supplied, after the sewage had been cared for, one form of contagious disease which outstripped the rest in its death toll on the community the world over. Tuberculosis, the great white plague, was the leader in the causes of death. Koch had demonstrated that the bacilli of tuberculosis were the cause of the disease and that each person dying of the disease was a potential force of infection and from each individual focus other cases arose. The onset in all these cases was slow and insidious, and hence usually unrecognized and unfeared. An educational propaganda was started against tuberculosis. It was very fortunate that the start was made with this disease. The bacillus of tuberculosis had no friends; on the other hand, everybody had lost some dear relative or near friend and was willing to join any crusade which should make a similar loss either to themselves or to anyone else less possible.

Politicians were early enlisted. Indeed, they were frequently the leaders, for they came in direct contact with the people, and in their hunt for votes they knew more of the wants and ills of the people than anyone else. They were the early social workers, if you will. Distressing cases of tuberculosis were brought to the attention of these politicians and they wanted some place where these people could be put, and they joined hands with the leaders of the antituberculosis crusade and caused the first hospitals to be built for the care of tuberculosis patients.

With the erection of the Massachusetts State Sanatorium at Rutland in 1898, the first state institution for the care of tuberculosis patients, the country wide crusade against tuberculosis may be said to have begun.

It was but natural that the active physicians who were largely the leaders should have turned their attention almost exclusively to cure. There was hope of cure; rest, fresh air and good food had been demonstrated as producing cure; first in selected resorts, later everywhere, and the fact was widely advertised that it was possible for the early case to get well. This good news was proclaimed everywhere and the sanatoria became popular with the people, resulting in many arrested cases, each one in turn a living demonstration of the fact that the diagnosis of tuberculosis did not necessarily mean a sentence of death, as had been the general opinion of earlier days.

Soon, however, it was realized that requirements of diagnosis were not sufficient. A more comprehensive program must be planned out and carried into execution. The State plan was evolved of having the sanatoria supplemented by the municipal and county hospitals, to act as places of refuge for the far advanced case and to provide shelter for emergencies, and to serve as clearing stations for persons on the way to the sanatoria. Finally, in order that the community should be in close connection with the scheme it was decided that there should be in every town of 10,000 inhabitants, a dispensary so that doctor and nurse might help bring every one needing it in close touch with the hospital and sanatorium. To the dispensary can come the person with malaise and a cough to have the question answered—the question which means so much to the anxious asker,—"Have I tuberculosis?" To the dispensary is to be referred the arrested case coming from the sanatoria. Here he reports at intervals, or is under the observation of the nurse, who knows of his home conditions, of his work, of his progress or maybe of retrogression and need of further sanatorium treatment. Children from families with tuberculosis can be brought to the dispensary physician from time to time for examination, and wise advice and, even aid if necessary, is provided in special cases.

The discharged sanatoria cases have been under the general supervision of the state "After Care Worker," whose visits have been most helpful to patients and nurses. This work is now to be expanded by the Department of Health being granted eight new nurses, who will supplement the work of the District Health Officers, all to be under the general supervision of Miss Billings, who will be transferred from the Trustees of Hospitals for Consumptives to the Department of Health. The state-wide work which has been under one nurse will now be divided among eight and the dispensary workers can thus have better supervision, and thus all the health workers be brought into closer relation to the people than ever before. This new development of health work should mark a noteworthy advance in the activities of the state.

As I have stated before, the bacillus of tuberculosis has been a great asset for the general advancement of all health matters. The bacillus has had no friends. Everyone was his active enemy. Everyone was ready to enlist in the crusade for his defeat and ultimate destruction, and once enlisted, the warfare often carried the crusader far afield and led him to attack enemies that had never been thought of as such before. In fact the attack on the bacillus of tuberculosis opens up the whole matter of public health. Housing, ventilation, proper, well cooked foods, alcoholism, amusements, playgrounds, child welfare and the movement against venereal disease, now gaining an impetus is but the corollary of the tuberculosis problem.

All the modern public health crusade has been helped out by the growing shortage of labor and the recognition by the best authorities among the employers that the laborer must be considered, and that a healthy group of employees makes for efficiency in the plant of the employer. Hence "health in industry" has become a slogan which has done much and bids fair to do still more in the extension of health to all the people.

But what of the part of the tuberculosis worker in this great advance movement? You are to be the teachers of the people. It is no longer the nurse who looks after the individual patient—the old conception of the nurse. That work is just as necessary and just as important as ever it was and serves as a necessary background of all training for public health work, to which still other training must be added. The care of the tuberculosis patient when bedridden is the care of any sick person. It has certain difficulties—for the sickness is long drawn out and discouraging and the downward course is interrupted at times by periods of feverish restlessness and unreasonable hopefulness. This period of nursing, however, is in the main that of any chronic mortal sickness, with the addition of eternal vigilance for the protection of the nurse and the family, if the patient is at home, from infection.

The really technical, special ability required in tuberculosis nursing is in the care of the early and moderately advanced cases, where cure is expected. There one has to do with men and women alternately swayed by conflicting hopes and fears; periods of undue elation or deep depression; times of revolt against all rules and regulations of life by the sanatoria authorities is sometimes shown by reckless violations of rules, and at others by sullen despondency. Here is where the skilled nurse comes into play. Whether she knows it or not she must be a psychologist and able to read the moods of the patient and know what is making him optimistic or depressed. Cheerfulness and optimism must be her stock in trade, but always tempered with common sense. The convalescent patient must be restrained and held in check until the cure is completed. The period of partial arrest is often the hardest portion of the illness for both patient and nurse, and the duty of holding the patient to the doctor's orders and reporting to the physician the acts of the patient and the correct interpretation of these acts, constitute the special attributes of the wise tuberculosis nurse. Such nurses are few and they are wonderful when found.

For the public health nurse there should be first of all the background of general nursing that one may know what actual care of the sick means. The social worker who has not this training is, to my mind, always handicapped in her dealings with the sick. Her great

work must be that of an educator in the A B C's of health. She must do for the present, in the homes of grown-ups who are ignorant and distrustful, what we hope the children of this generation will absorb with their general elementary education.

At present two experiments are being tried on a large scale, one in Cincinnati and one in Framingham. In the former the civic spirit is being aroused and as a result of this an attack is to be made on all the evils of the community. In the latter the point of attack is the bacillus of tuberculosis, and as the attack develops new machinery is put in motion. An attempt is made to find and care for all the cases of tuberculosis in the town. All citizens agree that it is a good thing. Search discloses that certain portions of the town may have more cases than other parts; that in these portions there is nore overcrowding; that there are new potential cases among the children; possibly that children are being exploited—or may be it is found that there is much poverty and distress among a certain foreign group. As the new problem presents itself a probable solution must be found and means by which the difficulty can be met must be started. Incidental discovery of a great number of decayed teeth leads to the employment of a school dentist, a school physician on full time is engaged whose duty it will be to know all the school children and so from step to step the work goes on. The nurses go from house to house until they come to know every one. Each keeps in touch with the others' work and supplements it, until at last each part of the town is divided into small sections, and the nurse going from section to section can quickly find out from the headquarters of each centre what is taking place on that street, and make her way there.

Modifications of this form of work will be your duty. The open door will be for you, the maternity case, the acute sickness, the reported tuberculosis patient, or the one returned from the sanatorium arrested, or maybe, the man rejected from the army. Few of these rejected men are active, open cases but rather need watching to see that they do not become active again. New cases must be supervised. Clews must be followed. Recently in a mill city 13 cases of tuberculosis were reported who worked until within a couple of weeks of their death without having seen a physician, much less having been within the protecting walls of a hospital. Such cases are a menace and a source of danger to their fellow workmen and they must not be allowed. In the recent examinations of 2800 people in Framingham there were 170 cases found which were suspicious enough to demand that they be followed up and examined at a later date by a specialist in tuberculosis. Of the 150 which have been so far followed and reëxamined 8 are considered as active cases and 23 are arrested cases. As a result of the popular inter-

est aroused by the examination drive four more active cases have come to the dispensary. The number of cases in the town of 15,000 inhabitants has been increased from about 35 known and reported cases to over 100, and also observation is being kept over the persons and the families of many other arrested cases which do not deserve to be labeled as tuberculosis.

The work of examination of all soldiers at the cantonment at Camp Devens resulted in finding only a few, about .62 of 1 per cent, who had to be rejected from those who had been passed by the regimental surgeons. Of those only a few were in the active stage—mostly men who were undesirable risks as fighters in France.

It is the arrested cases and their families which must be watched. They are the group which keep up the death rate in tuberculosis. Underfeeding and overwork may make them open cases again. Their children, who may have had mild infections, may, with undue exposure to cold or to underfeeding, become active again. It is said that only about 5000 cases of tuberculosis had developed among the 4,000,000 enrolled Italian troops, but that 30,000 cases had been returned from Austria from the few thousands of prisoners that had been taken. An evidence of what underfeeding and privation will do.

It is your duty to look after this Army of rejected draft soldiers, to keep in touch with the arrested cases and their families in the community in which you live; you must know your people, have their love and respect, and keep their confidence, even though they flatly disobey your instructions. Some day you will win them. You are the teachers in all health matters. This is the new public health—this is your duty to the community and tuberculosis is the chief of the open doors by which you may gain entrance to the affections of your community.

PUBLIC HEALTH AND THE STANDARD OF LIVING

By JOHN NIVISON FORCE, M.D.

The standard of living has been defined as the way we would live if our ideals could become realities, and the plane of living is the way that we are forced to live by circumstances. The standard of living for any given community represents the average of all the planes of living represented in that community, and is fixed by public opinion. As public health is the reflection of public opinion, it follows that the interest of a community in public health is an index of its standard of living.

A recent statistical study made by the Metropolitan Life Insurance Company furnishes abundant proof of the truth of the above statement. In this study a curve was plotted which represented deaths from all causes occurring over a certain period of years in a group of cities. A similar curve was plotted with rural deaths as elements in its construction. Comparison of the curves demonstrated that the country maintained a fairly constant death rate at all points below that of the city, but that the city death rate, which a few years ago was considerably above that of the country, has diminished rapidly and bids fair to fall below the country rate in a very few years.

The facts brought out by this study may be interpreted as an indication that the rural standard of living, while originally much better than that of the city, has not been correspondingly improved, but has tended to maintain a constant level in spite of the great advances in hygiene and sanitation. That this condition of affairs has become a source of alarm to those interested in the welfare of the agricultural population, is indicated by the widespread attempt to develop a higher standard of rural public health education, not only among agricultural students, but also among the rural population. This is secured by extension courses and lectures by the farm advisors who are attempting to supplement their technical advice on plant and animal diseases by similar advice concerning the welfare of the farmer and his family. For example, the farm advisors in the state of California are supplied with a set of slides on rural hygiene and sanitation, particularly in regard to methods of insect control, while one of the women instructors gives lectures on the conservation of health through the elimination of farm domestic drudgery. Truly, if the farmer of the future looks out for the hogs better than the humans it will not be because he has not the means of acquiring information concerning the latter. The criticism that the government looks out for animals better than it does citizens is no longer justified and its reiteration has ceased to be funny. Another generation will see the country alive to public health problems. Several of the states have reorganized their departments of health in order to provide for the division of the state into sanitary districts in each of which is a full-time trained sanitary supervisor comparable in every way to the farm advisor. And New York has even gone so far as to say that health officers in that state must show evidence of fitness for their jobs. State laboratories are placing their facilities at the service of the rural community, while consulting engineers, epidemiologists, and parasitologists are at the beck and call of local health officers when confronted by problems too intricate for ready solution.

It is, perhaps, only a measure of self protection that impels the

city to share the benefits of its public health lessons with the country. The automobile has brought the country to the city, but it has also encouraged the city to go out to the country and the city has learned by bitter experience that the "healthy country" is a real estate dream. As a concrete example, consider for a moment the rural family of typhoid immunes with perhaps a carrier in their midst. The influence of this family may extend quite a bit further than to "the old oaken bucket" from which a drink of "pure" water is proffered to the guileless and thirsty city man motoring in the country for a day. The family influence may reach through the milk can to the very heart of a family whose plane of living would under ordinary conditions be intolerant of such influence if known or suspected.

That such extraneous influences are being met and overcome by the city, we owe to that decided development of its standard of living or its social conscience which we call the public health movement. The most striking thing about the public health movement is its strong social tendency. The old fashioned board of health was entirely satisfied with the field of communicable diseases and concerned itself with the family only from the time the house was placarded until it was fumigated. Public opinion did not support much interference with personal liberty. Safeguarding the well was a negative act only. It consisted of the denial of liberty to the families of the sick, hence family and community quarantine, destruction of property, and shotgun methods generally.

Slowly and reluctantly, the medical men who, by grace of political appointment and not by virtue of training, formed the health official class were compelled to admit that these methods were not producing the effect on the communicable disease rate which they should, if as sound in fact as in theory. Indeed, the discoveries concerning bacteria were being given interpretations far in excess of the facts. Public Opinion called loudly for greater activity on the part of health departments and to the old ideas of quarantine and fumigation were added a lot of new inspection functions. This gave rise to the historical epoch of the sanitary inspector which was characterized by a frantic inspection of everything, from plumbing to vacant lots, in an attempt to find the sources of the communicable diseases which kept on in the even tenor of their way. After everything possible had been inspected the people had developed a better aesthetic sense and in the name of sanitation new standards of what constituted cleanliness had been set up. Also we had progressed far enough socially to dictate to a man concerning his back yard, though we were very doubtful concerning the right of the sanitary inspector to enter a house in the absence of actual communicable disease therein.

Into such a world came one day the new public health, which is a young child as yet, but thriving and destined to become a giant because it is being fed on a diet of laboratory facts concerning disease and not on a mess of easy-chair deductions and analogies. The new public health admits that there are germs flying in the air, but inquires if they are disease germs. The new public health admits that room infection may occur, but desires to know if it can be compared in importance to contacts, carriers, and missed cases. The new public health is interested in the sick, very much more in the person who has been sick, and very little interested in the sick-room. The new public health does not shut up an entire family if there is any way to prevent it, but it does not hesitate to limit the activity of a carrier, however healthy he may be. The interest has shifted from the problem of plumbing to the larger problems of lighting and ventilation. Housing and all the word implies would scarcely recognize its father Plumbing Inspection on chance meeting. In a word, the new public health is concerned with the social and economic welfare of the family, especially in relation to the non-productive individual, and has stopped looking for causes of disease where they do not exist. Sanitation has done all that is possible. It is time for applied hygiene. On every side we see evidences of a desire to interfere in other people's affairs if we feel that these affairs are going to harm us as a community; and we do not hesitate to interfere because the harm is remote, any more than our old fashioned health officer hesitated to herd a community into a guarded stockade in yellow fever times.

The modern health worker must be something of a sociologist, something of an economist, something of an epidemiologist, but above all must be a practical visionary. Practical, in order to understand the historical sources of the distinctly anti-social background against which exponents of personal liberty are thrown in exaggerated relief as they foam at the mouth, and writhe, and shriek their pleas for permission to dwell in the pack yet not abide by its law. But he must also be a visionary in order to see that he is his brother's keeper, since he must keep his brother if he would keep himself.

The standard of community living has advanced beyond community cleanliness. It is manifested in our industrial relations, in our educational relations, and last of all in the home and family. The home is the last stronghold of self-centeredness and ignorance to be invaded and it is here that the fight will be most bitter. Happy indeed is that invader who can come as a friend. It is significant that one of the Canadian cities is gradually replacing the men sanitary inspectors by women health visitors. In that city the standard of living has be-

come one with a new social conscience which holds that a man's house is not his isolated castle, but only a tent in a well ordered camp subject to inspection by trained authority. The sanitary inspector was of value when back yards were objects of interest, but the new health battles must be fought in the family circle, and who is better fitted than woman to be the standard bearer into the home?

In selecting a health visitor the community should realize that the trained nurse is good raw material, but she has her limitations which are very similar to those of the medical man who, by virtue of his medical training tries to be a health officer. If I were asked just what might be the greatest limitation of the trained nurse, I would be compelled to answer that she is weak in social economics and epidemiology.

How many nurses have heard of aseptic medical nursing as applied to a ward of mixed cases of communicable diseases; how many nurses know that, in New York City, terminal fumigation has been discarded in favor of mechanical cleansing? How many nurses and how many doctors have stopped talking about exposure of adults to tuberculosis, and turned their attention to the tremendous social and economic question in that disease—how shall we save the children?

I have said that the standard of living of a community is an average of its planes of living. What we need is a benevolent interference for the uplifting of the lower planes, and I believe that the greatest single factor in that uplift is that mixture of trained nurse, and social econnomist, and epidemiologist—the health visitor.

THE WAR AND FEDERATIONS FOR SOCIAL SERVICE

By S. C. KINGSLEY

A host of people, under the banners of numerous private charitable and philanthropic enterprises, are engaged in the fight against disease, ignorance, immorality, poverty and injustice. It is said that even at the present time, in the countries which are engaged in the greatest of all wars, that deaths and incapacities from preventable causes far outnumber the fatalities and casualties of the battlefield itself, to say nothing of their other evil social consequences. Some idea of the magnitude of this problem is afforded in the estimate that 3,000,000 people are cared for annually in the United States in our various institutions, public and private, which deal with the physically and mentally ill, with dependents and delinquents, and at a yearly cost of about $200,000,000. From 22 to 50 per cent of all the tax money in some of our states goes to take care of people who must be cared for by the charitable, medical and correctional institutions, people who have become tax-absorbers instead of tax payers.

Social workers, then, are at war with age-old enemies of mankind. They are stubborn and relentless foes, and are subtle and insidious in their workings as well. They lay fatal hold on the weaknesses and bewilderments of the unwary. They bring evil consequences from the missteps of the helpless and uninformed and for the misdeeds of the offender. They leave suffering, disaster and death in their path.

In view of the new call for teamwork and intelligently directed effort, it is especially pertinent for social workers to test anew their principles and practices, to evaluate again their own field, and to discover whether or not they are meeting the demands of this new day with their fullest possible power. Even loaves of bread and pounds of sugar have taken on a new meaning in the cry of starving children and through the challenge of a hungry world.

While the forces we are fighting do not threaten to invade our cities and overwhelm us in some new, sudden and devastating assault, and while we have not the immediate urge upon us to achieve solidarity and coördination that rests upon the Allies we, nevertheless, along with other groups and other fields of service, should apply the new tests of fitness rigidly to ourselves. I feel that this is especialy true in the field of social service.

We have in our different communities, according to the size of the city, units, tens, hundreds or thousands of agencies which are doing some kind of philanthropic service. The theory of personal liberty in intellectual, religious, and social matters, and the desire for an opportunity of self-expression and self-realization, which were underlying principles in the founding of our country, has borne a fulsome fruitage in the number and variety of organizations in the field of private charity.

Almost anybody has been able to start a charity. In our country it is especially true "that the poor and those who work for the poor 'ye have always with you.'" Sometimes a careful account has been taken as to whether other similar projects already occupied the field before a new organization was started. In other instances a new work has been pushed forward quite regardless of the needs or whether or not other agencies may not already be struggling to get support for a similar project. Such organizations have usually arisen because of conditions which have appeared to various individuals, and beginnings have been made in a small way. Then other cases similar to the ones which led to the original action were discovered, and then there would be appeals for help to the friends of the individual sponsoring the enterprise, and in a short time this would spread until a full fledged organization was in the field. Another way of starting such activities has been through endowments and bequests. Through these two methods

mainly, nearly every community finds itself provided with a long list of agencies, each calling for support, each gaining for itself the most influential board it can secure, and each sending appeals based on its findings, and making the strongest use of weather conditions, blizzards, excessive heat, hard times, high prices, epidemics and appealing stories.

This may all be legitimate, it may present the truth, it may be educational to those whose interest and money is sought. It may lead to constructive measures for warfare against the causes and conditions which have lead to the distress set forth in stirring appeals. It has the personal touch. It stands for much of the best work that has been done in human service and it has pioneered movements which have now received full public recognition and sanction and which are incorporated into public programs of action.

However, there is much bewilderment and questioning, and sometimes irritation, on the part of the public, because of the number, variety and persistence of appeals. The Federation movement has come into existence in response to a pretty general feeling that some of these questions can and should be answered, and that there are possibilities for better coördination and more effective teamwork similar to those that have been made in other fields of enterprise and service.

The Welfare Federation of Cleveland is a development resulting from several years of careful attention and study of the social service field. It began some ten or twelve years ago when the Chamber of Commerce undertook to ascertain definitely the resources and needs of the various charitable enterprises in the city, and also to find out how many people were supporting these agencies. The next step was to provide for a bo'y which should inquire into the standing and methods of procedur. of each organization, and to vouch to the community for its usefulness and its needs. This was a distinct service and led the way for similar enterprises in many other places. Then, having ascertained facts of this kind, and having acquired an extensive knowledge of the general field, the next step was to undertake a federated collection of funds. This was brought about, and has been carried on now for about five years.

About a year ago the work of the Federation was enlarged through a re-organization which incorporated with the money raising and distribution the activities which were previously carried on by the Welfare Council. Perhaps the object and methods of the Welfare Federation as it is now constituted can best be understood by consulting the outline on a succeeding page. There are sixty-one agencies which participate financially in the Federation, and twenty others, some of them public bodies which do not participate financially but are represented in the constructive and preventive measures, and in the educa-

tional and propaganda activities of the Federation. Each agency elects two members to the General Board. This body holds quarterly meetings, discusses general problems and backs movements for the study of problems needing consideration. At each annual meeting it elects eight members to the Board of Trustees, the body which is responsible to the public for the conduct of the work of the Federation. This is carried on through the office of the Federation with its Director and staff of workers.

The work falls into two broad divisions. First, budget-planning and finance. This includes the collection and distribution of funds, and the promotion of business-like and effective methods of accounting and administration. The Committees through which this is done are indicated in the outline. The second broad division of work deals with problems in the social service field. Our federated agencies deal daily at first hand with about all the problems in a city which need attention. In Cleveland our workers reach and serve about 8500 people daily. This means that they have had contacts with about every adverse condition and have gathered facts and have had experiences which are of supreme social significance. It is not enough that we go on endlessly merely relieving distress, so much of which is preventable and due to conditions which ought not to exist, without making the most effective use possible of the knowledge acquired. Organized as it is, the Federation becomes an instrument for assembling, interpreting and translating this information into action for bettering these conditions.

Not only does this plan of organization provide for budget-planning and an authoritative statement to the public of the need of individual agencies, as well as those of the whole field, bu it includes also the gathering of monthly financial statements from each organization, showing receipts and expenditures, and also assembles data on the volume of work done, thus affording a comprehensive and up-to-date knowledge of the conditions in the whole community from month to month.

We have all been thrilled by the way in which modern health departments can keep their finger on the pulse of the city, and how reports coming daily and monthly to their office, tabulated on charts and maps, keep them in intimate touch with community health and indicate focuses where trouble is beginning to appear. Something of the same possibility is inherent in the social service field, if those possibilities can be realized upon.

It is towards these ends that the Federation is working. On the one hand we are endeavoring to set before the people through the most careful and painstaking study possible, and by groups of people, who

by sympathy, interest, and general ability are best qualified, the needs of different agencies in the social service field. This goes to subscribers on the appeal form indicated in this article. This authoritative statement is at least one step, and a big one, in the securing of support.

In general, our communities believe in maintaining this necessary and vital service, and this is especially true at the present time. There has been a steady growth in the agencies of the Federation. The budgets of those now represented in the Federation for the year ending in 1913 aggregated $923,923. The budgets for the same organizations this year are $1,892,000, or an increase of 105 per cent. This is not saying that the federated idea is responsible either for growth or lack of growth, but is stated merely as one of the facts that can be made concerning the agencies represented.

It is in the field of preventive and constructive effort that the Federation finds its most fruitful possibilities. In our Cleveland

ORGANIZATION OF THE WELFARE FEDERATION OF CLEVELAND

*Sixty-One Civic and Social Agencies**
which daily serve 8500 needy people through 2000 active volunteer and paid workers,
elect two representatives each.
These constitute the
General Board
which meets quarterly, discusses problems, backs constructive movements, and each year elects for a term of 3 years, 8 members of the
Board of Trustees
Meets semi-monthly, is responsible to public for the conduct of the work. Appoints committees, and carries on its activities through the
Federation Office
Director and staff execute business of the Federation which falls under two general divisions

Budget-Planning and Finance
Studies and plans budgets of participating agencies. Correlates social forces. Promotes efficiency in methods of administration. Covers collection and distribution of funds for agencies financially participating

Education and Propaganda
Studies social service problems and needs. Correlates and fosters social movements. Promotes social legislation and constructive and preventive measures by utilization of facts and experiences gained in field

* Twenty other civic and social organizations are coöperating members, electing representatives to the General Board and taking part in educational work but not participating financially.

agencies 2000 volunteer and paid workers are in active service, covering all the varied activities, going wherever friendship and help are required. There are no out of the way parts of the town, no neglected spots that do not know their ministrations. Up-to-date facts and reports focusing through a fact gathering and interpreting center which is able to draw such information from the constituent bodies, both paid and volunteer service, has great possibilities for community trend and action.

The Committees indicated in the accompanying outline are suggestions of possibilities at least partly met. The problem of charity administration is age-long. The Federation idea is a few years old, but I find that the longer one works on the question from this point of view the greater its possibilities appear. It seems to me a step in coöperation that begins nearer the source, and helps to make a large application of our dictum that "action should be based on a knowledge of the facts."

COMMITTEES OF THE WELFARE FEDERATION OF CLEVELAND

Budget-Planning Committee
Sends schedule to each agency calling for estimated budget for each new year based on records of two previous years. Gives each agency a hearing after budget has passed its Board. Builds and approves budgets for all agencies in Federation.

Finance Committee
Formulates and carries out plans for raising budgets agreed upon.

Endorsement Committee
Joint Committee of Federation, Mayor's Advisory War Committee and Red Cross, on endorsement of appeals for war purposes, and for local charitable purposes.

Children's Welfare Committee
Studies problem of dependent, neglected, and defective children in Cleveland, endeavoring to raise standards of child-care. Made intensive study of number of children, capacity of institutions, types of deficiencies, facilities for hospital care of mothers and children.

Committee on Cripples
Made house-to-house survey of all cripples in Cleveland, types of injury, training and occupations. Is about to publish report. Is perfecting organization for promoting general interests of cripples.

Committee on Delinquency
Interests itself in problems of juvenile and adult offenders. Instrumental in securing passage of law authorizing referendum vote in 1917, making city-county criminal building possible, and advocated bond issue.

Committee on Urban Conditions Among Negroes
Brought about organization of Negro Welfare Association of Cleveland to deal with problems relating to the colored people, especially those resulting from northern influx.

Committee on Recreation
Acted as advisory committee of Recreation Survey now nearly completed by Cleveland Foundation. Will help to put recommendations into effect.

SUMMARY OF THE WORK DONE BY THE AGENCIES OF THE WELFARE FEDERATION OF CLEVELAND FROM OCTOBER 1, 1916 TO SEPTEMBER 30, 1917, AND BUDGETS AS APPROVED FOR THE CURRENT YEAR, OCTOBER 1, 1917 TO SEPTEMBER 30, 1918

ORGANIZATIONS	ESTIMATED 1917-18 BUDGET EXPENSES	INCOME			YOUR SUBSCRIPTION	STATEMENT OF SERVICE RENDERED DURING 1916-17
		Earnings	Endowment, etc.	Gifts needed		
Total.....	$1,867,678	$933,007	$201,390	$756,000		

The Appeal

"You are asked to join the agencies listed above in service to the sick, the aged, the down-hearted; to the children on whom the hand of poverty and neglect rests so heavily; to the youth on the city streets, to all those in need of neighborliness.

"Workers in these societies serve an average of 8500 people daily. There is no form of trouble, bewilderment or distress which they do not encounter, no out-of-the-way neglected part of the city which they do not visit—*let your gifts go with them.*"

The results of three months' work of the Budget-Planning Committee are summarized and set forth on the inside of the two page appeal-letter form.

The letter is written on the front page and the sixty-one agencies are listed alphabetically within and run the full length of the sheet. Budget items of each one are set forth under the appropriate headings. The nature and volume of work, descriptive items, etc. are set opposite each agency.

The subscriber thus has before him an authoritative statement of needs of each agency as well as total needs. This procedure has met a most cordial appreciation and response from our subscribers. It seems to afford some of the information which givers feel it their right to have.

The "appeal" quoted here goes below the entire list of agencies and in smaller type.

With the appeal letter is sent a card 3½ x 6, containing on one side a pledge form, with space in which the subscriber may indicate amount of gift, dates of payment, etc. and also a place for Federation office record. On the reverse side are listed the federated agencies, with blank space after each for designations.

The subscriber then retains for his own information the appeal letter form, and the card which he mails in becomes the Federation office record of his gift.

A SKETCH OF THE PLAN OF WORK FOR CHILD CONSERVATION AS BEING CARRIED ON IN MASSACHUSETTS

By PANSY V. BESOM

The State Department of Health with the Commissioner, Dr. Allan J. McLaughlin,[1] as its head is the center around which the machinery of this plan revolves.

A Committee on Child Conservation, appointed by the Commissioner, and composed of two members of the Public Health Council of the State Department of Health and the director of the Division of Hygiene, with seven advisory members, all of whom are experts in their special lines, has secured through one of its members, Miss Mary Beard, Director of the Instructive District Nursing Association of Boston, as field workers, eight nurses specially trained and experienced in public health work. These nurses are known as Child Welfare Supervisors.

The Division of Hygiene has been working along child conservation lines and in view of the present pressing need of more intensive and extensive work, is coöperating with the Committee to further promote this work.

In connection with its work, the State Department of Health has divided Massachusetts into eight districts. In each of these eight districts a full time physician, known as the District Health Officer, is established. This District Health Officer, acting in an advisory capacity, is the connecting link between the State Department of Health and the local health departments. He also works in close coöperation with the State Committee on Child Conservation and with the Child Welfare Supervisors.

Miss Beard, who as before stated is a member of the State Committee on Child Conservation, is also State Chairman of the Department of Child Welfare of the Woman's Council of National Defense.

In each city and town where a local committee of the Woman's Council of National Defense has been established a Sub-Chairman on Child Welfare has been appointed.

Miss Beard, through the activity of her Vice-Chairman, Miss Gertrude Peabody, secures coöperation between the local Chairman of Child Welfare and the Child Welfare Supervisor, and a committee is formed. Thus duplication is avoided and two groups whose efforts are directed along the same lines are brought together.

[1] Dr. McLaughlin has now been appointed Assistant Surgeon-General, United States Public Health Service.

This Committee working with the Supervisor endeavors to interest the Mayor and Selectmen, the Board of Health, Trustees of Hospitals, physicians, and all public spirited people, as well as all nursing and social agencies.

The special object of the work of the State Committee is to demonstrate to cities and towns the necessity for child conservation work and to point out the agencies needed for baby saving for that particular town, asking the agencies already existing to increase their work.

It is planned to make a survey of every city and town, every village and hamlet in the state. This survey includes a study of the mortality and morbidity statistics of children under the age of five years.

When the Child Welfare Supervisor enters a town to make a survey she is first introduced to the members of the local health department by the District Health Officer and the coöperation of the department is sought.

The Chairman of the Child Welfare Committee of the Woman's Council of National Defense is then visited and plans are made for a meeting to be held at which the Supervisor may explain the object of the work to be undertaken.

Questionnaires are given to nurses doing public health work, social workers, and head workers of all child-caring agencies. This is done to find out the character and extent of the preventive and curative work done for infants and children, and to determine the lines along which it is most necessary to extend the work.

Talks are given by the Supervisor to woman's clubs, church societies, or to any group of people who can be prevailed upon to listen, and every effort is made to get people interested in this project.

When the survey of a community is completed and the report formulated, the Supervisor and the District Health Officer confer concerning actual health conditions found, and recommendations are determined upon.

The report with recommendations is then submitted by the Supervisor to the State Committee for consideration. From this report the Committee decides upon final recommendations. These recommendations are then presented to the Commissioner of Health, and he in his official capacity sends them to the local health department. At the same time the State Committee makes these recommendations to the local committee.

When the campaign for child conservation was begun, it was planned to make a very intensive study of each city and town. Accordingly, work was started in the smaller communities having a high infant mortality rate.

The Supervisors made house to house calls at all homes where deaths of children under five years occurred in 1916, and a complete history was obtained, using the Children's Bureau question forms as guide. But as the work progressed the Committee decided that the ground could be covered more quickly and to all intents and purposes just as effectively with a less intensive study. Also that immediate contact with the greatest number could be obtained through the large cities.

Therefore, while the studies have not been as exhaustive as it was first planned, Committees have been formed in 65 cities and towns and 50 surveys have thus far been made by the Supervisors. In many of the communities where surveys have been made the committees are already very active and in each case seriously considering ways and means for the extension of child conservation work to provide for its own individual needs.

"THE DELINEATOR" SEVENTH BABY CAMPAIGN

By MARIE L. ROSE

A rather unique and untried venture in the journalistic field was launched by *The Delineator* magazine nearly one year ago when it guaranteed both financial and editorial support for one year to the *Seventh Baby* campaign—an important experimental departure in public health work.

This campaign was based, as its name would imply, upon the assumption that one out of every seven babies born in the United States dies before reaching its first birthday. The campaign was designed primarily to investigate the causes of needless infant deaths in America and to point out how at least a percentage of such deaths may be avoided in the future.

This public health campaign has been under the direction of Dr. Charles E. Terry, Health Editor of *The Delineator*, recently health officer of Jacksonville, Florida, and with whose work as a sanitarian every reader of the QUARTERLY is no doubt familiar. Until released because of imperative need of his services by the Council of National Defense, Dr. Terry had with him as associate editor, Franz Schneider, Jr. These two and Marie L. Rose, R. N., Supervisor of Field Nurses (plus a secretarial force), originally comprised the office staff. Two bacteriologists and sanitarians, Horatio N. Parker and Walter L. Dodd, to make milk and water analyses, investigate sewage disposal plants, etc., in the various communities, and the following named field nurses completed the staff: Clara M. Tebbutt, Ada M. Whyte, Zoe

LaForge, Bessie Ely Amerman, Jessie L. Marriner, Nannie J. Lackland, and Elizabeth M. Hunt, all registered nurses and experienced public health workers. Upon them depended the organization and direction of the individual surveys and in no small degree is the success of the work due to their intelligent efforts.

The Seventh Baby Campaign will be brought to a close about May 1 and for this reason the field work is being curtailed and the staff gradually reduced.

Mr. Parker, who will be remembered as the author of "City Milk Supply," reviewed in the October, 1917, number of the PUBLIC HEALTH NURSE QUARTERLY by Miss Ada Carr, has been brought back to the office to assist Dr. Terry. The staff of field nurses is now limited to four: Misses Amerman, LaForge, Lackland and Marriner.

To date surveys in 24 cities (in 16 states) have been completed, the length of stay averaging six weeks.

The scheme of action briefly outlined is that interested communities of between 10,000 and 40,000 population could, upon assurance of suitable coöperation, obtain the services of an experienced public health nurse and a laboratory man for the purpose of making sanitary surveys.

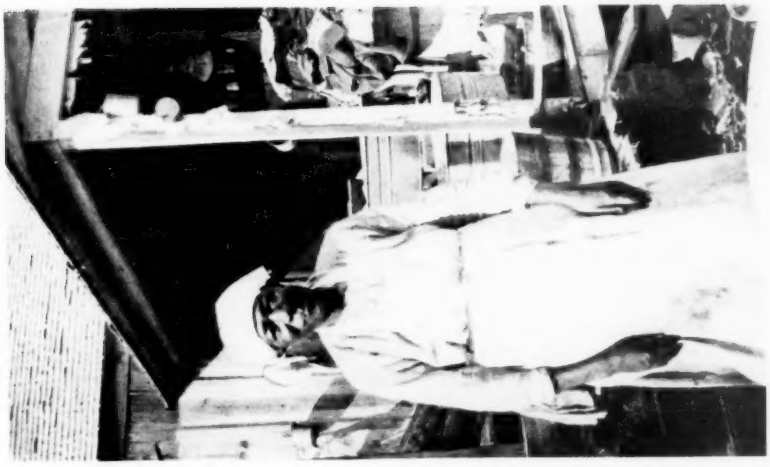
Suitable coöperation meant that, given a desire for such a survey or inventory, the person or persons making the request would assume responsibility for having the survey made under proper auspices, for providing a sufficiently large and interested group of local workers to satisfactorily put through such a piece of work, and for defraying the living expenses of the nurse during her stay—that being the only expense to which the community was put.

Special emphasis was naturally laid upon the amount of infant mortality in a community. That this study might be as intensive and might be based upon as just conclusions as possible, certified causes of deaths of infants under one year of age were copied from the records filed—not for a one, but for a five year period. This data with that of the general vital statistics brought to light, among other things, the frequent practice by physicians filling out the certificates, of the usage of obscure and indefinite terms for causes of death.

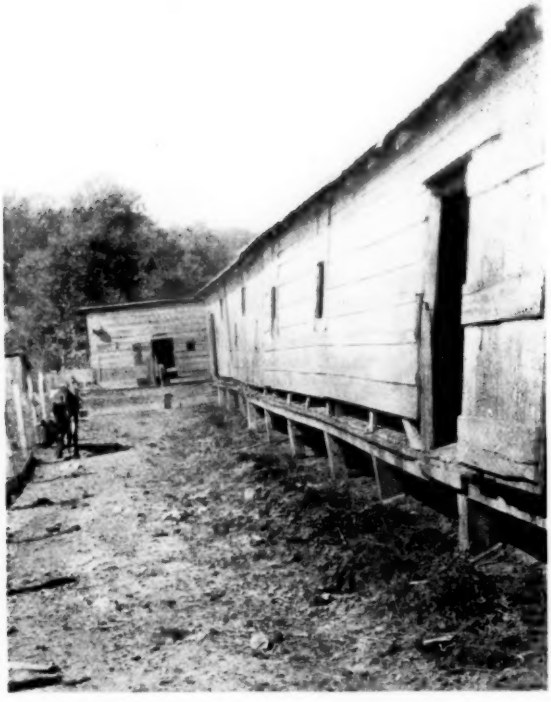
Birth registration was tested, and whenever possible a birth census made. Midwifery conditions were looked into—the midwives themselves being visited in their own homes and case histories made relating to the findings.

Of primary importance were the case histories of infants under one year of age who had died within the last five years. The "certified cause" of death as given on the death certificate was noted as well as

CHILD VICTIM OF IMPROPER MATERNITY CARE. THIS PICTURE SHOWS THE RIGHT EYE ALMOST COMPLETELY TURNED TOWARD THE NOSE.



A NEGRO MIDWIFE. SHE INSISTS SHE "POTS" (REPORTS) ALL THE BIRTHS SHE ATTENDS. THE WHOLE PLACE IS IN THE SAME STATE OF "OVERFLOW" WHICH IS SHOWN ON THE BACK PORCH.



PRIMITIVE AND FILTHY DAIRY

THIS DAIRY IS OWNED BY A WOMAN AND IS EXCELLENT IN ALL DETAILS

the address and other identifying facts. The home of each of these little unfortunates was then visited and, through a carefully planned outline, questions were asked that usually threw light upon the probable predisposing factors, as well as upon the accredited cause of death.

The outline considers such important points as: the care and supervision given the mother during pregnancy, age of mother at time of child's birth, history of labor, breast versus artificial feeding, source of the supply of milk used, environmental conditions, etc.

Although, in many instances the families could not be located, the proportion found was large enough to form the basis for the careful analyses made by Dr. Terry.

Stillbirths were also included in the investigation and had the surveys dealt with these studies alone, they would have been invaluable because of the wealth of material unearthed.

The inventory purposely was not restricted to infant hygiene: data bearing upon general vital statistics, milk and water supply, sewage, garbage, waste and manure disposal, wells and privies, flies and mosquitoes, food protection, infant and child welfare activities—in fact, any factor tending to increase or decrease the hazardous occupation of being a baby were all collected and studied.

In every instance the nurse gathered all statistical data, made the special studies of midwifery, of infant deaths, etc., besides organizing and directing the various committees supervising the work done, making frequent addresses upon matters concerning public health and interpreting the reason for, and value of, the Seventh Baby Campaign survey.

The surveys were usually made upon request of the Health Officer (State or Municipal), Mayor, Secretary of Commercial or Rotary Club, Secretary Chamber of Commerce, President Women's Club, or an official of as representative an organization, who, having learned of *The Delineator's* generous offer, made an effort to obtain this service.

Having been assured by Dr. Terry that an advertising scheme was not to be foisted upon the community under cover of such a survey, and that it was not his intention to make public in a sensational manner any unfortunate conditions that might be brought to light, these persons whose public conscience was awake and alert were keen to embrace such an unusual opportunity for municipal housecleaning.

They realized that the town would be self surveyed under the guidance of experts, that experts would analyze the data obtained, and that the task would be approached by all from an entirely impersonal angle. In other words, knowing that these agents had no axe to grind,

the value of the recommendations which would follow would be greatly enhanced.

The greatest divergence of the Seventh Baby Campaign surveys from the usual survey has been that, before the nurse left the town she read to a group assembled because of their interest in their community's well-being, a "health programme," the joint effort of Dr. Terry and Mr. Schneider and later of Dr. Terry and Mr. Parker.

In this programme the findings were enumerated and each subject carefully discussed. On the debit side no undue emphasis was made but neither did the writers fail to show wherein weaknesses could be strengthened or if better so, eliminated, and how often a readjustment of the Health Department Budget with a proper distribution for purely health purposes meant economy.

Perhaps the greatest value to the communities surveyed was the enlightenment of its citizen committee through the investigations made by them. For instance, the house-to-house and birth registration committees practically covered the town. The former in three selected representative districts (best residential, middle class and poorest), went for the purpose of ascertaining from the individual householders how well their needs were served by the various city departments. Whether the city supply was available and, if so, whether connected: if not, a description of the water supply was asked. The same of sewage disposal, and in this case, if not connected, the privy, cesspool, or other means of disposal was also described both as to being a probable source of contamination to nearby wells, etc., or because of fly-breeding proclivities.

Garbage collection was discussed—how often and how carefully made and how adequate it had proved to be. The use or not of waterproof covered cans was in the meantime noted by the investigator and other topics akin to these thoroughly gone into.

In the case of the birth registration committee a thorough canvass of the town was made to obtain the names, parentage, date of birth, attendant, etc., of every baby born last year. In the beginning this canvass was made for 1916 babies—now that statistics are available, for 1917 babies, in order to test the effectiveness of birth registration in the community. Incidentally any sick babies found were reported to the nursing organization, if there was one—to *The Delineator* nurse if not.

Especially pertinent is it, I think, to state here that in one community of over 17,000 population in which a survey was made the birth registration was found to be less than 9 per cent complete; only 28 births having been registered against 288 found during the birth census!

With the lapse of time taken into account there is reasonable doubt whether even this number does justice to the city's actual birth rate.

It can thus be plainly seen that the men and women engaged in such an investigation could not fail to become familiar with conditions in their town. The more so is this true because an effort was always made to appoint workers to districts unknown to them. Usually deep interest was shown by the workers as to what recommendations would be incorporated in the "health programme" and their attendance at the reading invariably followed. Responsibility thus assumed cannot be lightly discarded and such participation by groups of local workers in these sanitary surveys has already resulted in the accomplishment of some needful municipal reforms.

Word has recently come to us of the appointment of a city nurse in a town recently surveyed, in which an epidemic of scarlet fever now prevails. This is the first city nurse in the state, two other nurses are, however, under respective Boards of Education and delegated for work with school children only. It is worth noting that in the health programme written for this particular town some months past the following advice was given:

> The functions which are usually discharged by a health officer fall upon the town marshal. . . . . It cannot be expected that the town marshal is the proper person to quarantine contagious cases, to instruct mothers in the prompt and efficient bedside disinfection of the patient's discharges, etc. . . . . Modern public health work calls for the full-time trained or experienced health officer. . . . . Itself is large enough to justify the employment of such an official. . . . . The other great need in the local situation is for the employment of two public health nurses. . . . . With the city's limited medical and hospital facilities a *severe epidemic of communicable disease* might paralyze her community activities!

It might be argued that information as to local water and sewerage connections could have been ascertained through the local engineer's office. By no means can this information be so readily acquired in this way because, in the first place, in many instances the salary is not sufficiently alluring to attract well trained men to these positions. Or, if an efficient man is in charge, usually no provision is made for adequate clerical help and thus the records suffer.

Furthermore, the main idea in having the house-to-house canvass made by local workers is to have them obtain first hand knowledge of their own community and its problems, with the inevitable result that at least a certain proportion do uphold and strengthen the work of the health department afterwards.

Busy state and municipal officials demonstrated their willingness to coöperate by accompanying *The Delineator* experts and thus became participants in the survey. They were glad to give the time to investigate with the laboratory men, dairy farms, creameries, etc.; reservoirs and other sources of water supply; sewage disposal plants, dumps, etc. Not by any means was this all the bacteriologists did. Up frequently before dawn to procure wagon samples of milk, supplementing and balancing the nurses' work by direct and indirect support—their stay in a town was always reflected back to the office by a note of encouragement and satisfaction appearing in the letters received at that time. Addresses to the local nurses, students of the universities and public schools, to clubs and granges upon the methods of milk production, and demonstrations of methods of milk analysis, was frequently a part of many impromptu programmes. Being equipped with apparatus for milk and for water analysis, which was sent from place to place in trunks devised for safe transportation, such demonstrations were both practical and timely.

By the foregoing it may be seen that a carefully planned and very carefully executed kind of community health work has been instituted through the medium of *The Delineator*. While it is true there are numerous journals, medical and nursing, dealing with matters pertaining to public health—the great mass of lay readers is not reached.

The Delineator Health Editor and many other public health workers have felt the need of just such a medium through which to present public health truths in terms which may be comprehended by the average lay reader.

All through the campaign the magazine has presented through its columns articles and stories bearing upon the development of the field work, in this way spreading broadcast the principles involved in this infant mortality campaign. The success with which the venture has been met is one of the most interesting things about the campaign. The "too-good-to-be-true" doubt which may have existed for a time over an offer which entailed so little financial obligation has entirely vanished. This doubt is supplanted by the enthusiasm shown by public health workers all over the United States over surveys which offer such unusual opportunities for analysis of community conditions—good and bad.

With great regret, therefore, was the decision universally received that the field work would be brought to a close at the end of the year (May 1). Almost entirely due as this is to the exigencies of the war, it is doubly unfortunate that what was adopted by the magazine as

a war measure must, because of the increasing financial demands entailed by support of the war, be discontinued.

That *The Delineator* may not be assumed to have been supporting a philanthropy it should be stated that increased prestige, circulation, and advertising in its columns is quite frankly what was looked for—and received—by its directors as a natural return of so excellent a thing as the Seventh Baby Campaign.

The inspiration for the conception of the campaign may be said to be shared equally by Mrs. Honoré Willsie, Editor of *The Delineator*, and Dr. Charles E. Terry, Health Editor.

Great credit is due them both for what has proved already so valuable a piece of public health work.

Few editors of family magazines, we believe, are so gifted with the keen perception of the value of public health propaganda, or with their responsibility, as leaders of public opinion, as to have risked or dared to enter a field so new in journalism. The cause of public health in America today has been greatly advanced by the step taken by Mrs. Willsie in fostering and sustaining the interest of the magazine in the campaign now closing.

HOW THE EXPECTANT MOTHER MAY BE ASSISTED BY BABY HEALTH STATION SERVICE

By MAE F. CHAMBERLAIN

"Motherhood is not an accident, but a profession."

To quote a well-known remark of John Ruskin, "Every child has the right to be well born."

About eleven years ago the words *prenatal care* were practically unknown; six years ago they were just beginning to be mentioned, and it is only within the past three years that the "American Association for the Study and Prevention of Infant Mortality" has begun to reckon with the subject as a vital issue.

A great impetus was given to this movement in 1913 when the Children's Bureau of the United States Department of Labor issued a pamphlet on prenatal care. This publication worked a new era for mothers, in that, for the first time the National Government officially extended to them a helping hand and recognized their need for aid.

In our own Bureau of Child Hygiene it is interesting to note that the emphasis in life-saving effort for the baby has slowly shifted backward from the remedial toward preventive measures; from pure milk and milk modification towards maternal nursing; from care of the sick baby towards removal of the causes of sickness; from the milk station

to the "Baby Health Station;" the child being regarded as an entity from the time of conception, and prenatal care found to be as necessary as care at confinement and throughout infancy.

In the winter of 1913 the first efforts of our Bureau, directed along the lines of prenatal care, were more or less experimental, when all of the pending cases enrolled with the New York Milk Committee were taken over and placed with the Milk Station nurses. In the following spring our first prenatal district was established in the Greater City. Today there are eight districts, one in Brooklyn, and seven in Manhattan, with nurses assigned to this particular field of work.

I believe it is generally conceded by the best medical minds of today that by far the most important practical development of the modern movement to secure better obstetric care is in the prenatal care of expectant mothers. The education of the expectant mother in the home and at the Baby Health Stations by the physician or nurse is an example of ideal preventive work. The lives of both mother and unborn child are safeguarded by the increased intelligence gained from these legitimate sources. The argument that women must not be told of the dangers of child birth, or they will be afraid to bear children, is unworthy of both their intelligence and bravery.

Let us consider an attempt to answer our question, along four lines.

First. Why we should assist the expectant mother?

Second. What will effective and efficient prenatal work accomplish?

Third. What method of solution may be worked out?

Fourth. The principles upon which the nurse's work is based.

First. Why we should assist the expectant mother. "One of the most wonderful things in life is to be a strong and healthy mother of a strong and healthy baby."

One-third of the infants who die in the first year of life, die in the first month from congenital debility, prematurity or accident at birth, or from some disease of the mother; but no one has ever been able to count the babies who never live at all, and those, who, though they may live through the first month, are more or less permanently injured and disabled by these same causes. In the Baby Health Stations and in the hospitals we find these puny babies. Many die in late infancy; many succumb to some form of acute illness; others live to supply our institutions for the sick, crippled, defective and deficient children; still others live on, dragging out a miserable existence—possibly becoming finally the progenitors of weaklings like themselves.

Second. What will effective and efficient prenatal work accomplish?

"With the *ologies* and *isms* reforming everything else there ought to be a special science of baby raising."

We believe there would be less use for gynecological departments in our hospitals and dispensaries, were better care taken of the mothers during the time of pregnancy and delivery, and the babies would stand a chance of being well born if mothers had the benefits of prenatal instruction and supervision, all of which would surely tend to materially reduce the number of still and premature births; the number of deaths in the first months; the encouragement and increase of maternal nursing; an improvement in the practice of midwifery, because of the increased supervision by personal contact of nurses with midwives; diminution of the number of cases of ophthalmia neonatorum, by instructing the mothers to insist that the "silver drops" are instilled into the eyes directly after birth; the promotion of more intelligent motherhood; the improvement of her general well-being, and the betterment of home conditions under which the family lives.

Third. What method of solution may be worked out?

"The mother who would have a well nourished child, safeguards her own health and nourishes her own body."

The aim of the prenatal nurse is to get the expectant mother under supervision as early in pregnancy as possible. The average mother in our congested districts knows very little about the care of herself either before or after delivery. Many are employed in factories or shops until a short time before confinement, and return in a short time after delivery. In Holland, Belgium, England, Portugal, Austria, Switzerland, Germany, and New Zealand there are laws prohibiting the employment of women for a stated period before and after delivery. In the United States such laws are not universal; Connecticut, Massachusetts, Vermont and New York being the only states where such laws appear on the statute books. How well they are enforced, it is hard to say.

After the nurse's visit to the home and the interest and confidence of the mother are solicited, the real work begins along the lines of instruction in personal hygiene and general hygiene of the home; the importance of simple but nourishing food; plenty of water; loose comfortable clothing; daily bath; exercise in the open air; plenty of sleep; at least one satisfactory bowel movement daily, and the taking of all medication only as prescribed by a physician. These instructions are closely supervised by the nurse in her effort to assist the mother to form an established routine of self care and self welfare. The nurse is ever on the alert for danger signals, such as, severe vomiting, persistent headache, scanty urine, convulsions, hemorrhage, edema of lower extremities, and albumin in the urine. Should there be a departure from the normal, if the mother cannot afford a physician, and if unable

to visit a hospital or dispensary, the District Medical Supervisor of that district visits the mother, and, if necessary, in an emergency, calls an ambulance.

Some of the lesser ills attending the period of pregnancy, such as constipation, indigestion, nausea, abnormal appetite, salivation, headache, toothache, vertigo, insomnia, cough and palpitation, are also closely watched on the home visit of the nurse, and the mother's visits at the Baby Health Station, where medical assistance may be obtained through the coöperation of the inspector who works conjointly with the nurse in the supervision of all her mothers. Urinalysis is conducted as regularly as possible; the "acetic acid" test for albumin being generally used. Where specimens are obtainable, tests are made once a month to the seventh month, then every ten days. This special feature of the work has, so far, been most difficult owing to a lack of better cooperation with the mothers.

Where a family physician cannot be afforded, one of the first prerequisites of prenatal care is to have the facilities for providing skilled obstetrical care at the same price a mid-wife would charge, or have the coöperation of an obstetrical out-patient department, where the nursing service is given in addition to the medical.

The foreign mother with whom the nurse most frequently comes in contact has for generations been accustomed to the midwife. She hesitates to call in a man physician. She is bound to old customs and traditions and much prefers to have a woman in attendance at the birth of her child. Considering the mother's point of view, we are led to accept (if not believe), that the midwife is "one of the old-time inventions, born of necessity." The Italian mother has afforded an interesting study in the prenatal work. Past histories record the menstrual period as early as eleven to twelve years of age; very early marriages; frequent pregnancies; long periods of lactation; poverty and hard work; unhealthy and crowded habitations; pernicious conditions of atmosphere, tuberculosis, anemia, skin diseases and venereal diseases. With such a heritage there is little doubt of a physical handicap for the "new arrivals," who so frequently fall heir to contagion, malnutrition, rickets or gastroenteritis, are lighter in weight, shorter in height, and only about 65 per cent breast-fed.

When necessary the expectant mother is taken by the nurse to one of the various maternity clinics for registration and examination, after which plans are made for her confinement. Where the family physician is in attendance, the nurse continues her visits and coöperates with him unless requested otherwise.

The attention is next directed toward the providing of proper clothing. To meet this need sewing classes have been established where the mothers' own material may be used, and often entire outfits are made through the assistance of all mothers attending. Material has also been provided from a special fund to encourage and stimulate the interest. At times, the last half hour of the class may be used in cooking special foods—desired for the mothers' diet.

We have seemed to pass along smoothly with but few hard problems for the nurse in her daily round, but there are practical difficulties that every worker faces, and which baffle and discourage. Of what use is it to insist that pregnant women shall have plenty of nourishing food, as soup, fresh meat, eggs, vegetables, milk and fruit, when the whole family lives upon baker's bread and a few green vegetables cooked in oil, for its entire ration? Nor is it any more reasonable to insist that a poor pregnant woman shall have plenty of rest in the last months of pregnancy, when the work of the entire family rests upon her shoulders. It is futile to insist upon her presenting herself at the clinics at stated intervals, or to beg her to leave home for two or three weeks at confinement, if there is a family of small children to be left alone with no practical relief in sight.

These questions confront every prenatal worker; they ramify into every part of her social service work, and in the last analysis are the problems that follow in the train of poverty and ignorance, and can only be adjusted by the spread of our educational campaign, and a more satisfactory adjustment of the social and economical conditions. But however discouraging, it seems to me that prenatal assistance is possibly more hopeful and encouraging than any other form of social work. The immediate work of prenatal care is not expensive nor difficult. Much can be accomplished without great expenditure, and necessary hygiene instruction is within the compass of ordinarily intelligent persons.

Fourth and last. The principles upon which the nurse's work is based.

That education of the mother is the chief factor in promoting her health and that of the unborn child; that education may best be carried on in her own home; that the best kind of education is that which enables the mother to help herself; that all forms of assistance or relief, other than education, should be limited to the absolutely worthy in coöperation with the various agencies in such a way as to avoid pauperizing the family.

Summarizing then, it appears that the extension of prenatal care is rapidly assuming greater importance in all forms of baby welfare work;

that the prenatal nurse occupies a unique position in the field of *preventive* medicine; that she exercises a broad influence, and I have every reason to believe that through her intelligent and enthusiastic efforts and the hearty coöperation of the various social agencies there will ultimately result a saving of many lives, both of mothers and babies; maternal health will be improved, leading to a greater increase in the capability of breast feeding, production of a race of vigorous, normal babies; provision for the right sort of obstetrical and nursing care; a reduction of injuries, neglect and malpractice, and a fewer number of blind babies.

For this assistance, the expectant mother may come to rely upon the Baby Health Station service, granting that prenatal care is sufficiently productive of permanent good to make it worth while to follow up and to extend it for the sake of both its known and unknown possibilities.

THE VISIT OF DR. TRUBY KING TO THE UNITED STATES

It is a well-known fact that New Zealand holds the distinction of having the lowest infant death rate; and great interest attached to the recent visit to the United States of Dr. Truby King, the expert to whom is chiefly due the credit for the application of methods which have given to his country this enviable position. Dr. King, who has been sent for by the British Government as consultant in regard to infant welfare work in England, visited several of our large cities and made a number of interesting addresses.

The story of how Dr. King first came to turn his attention to infant welfare work is curiously significant. As Superintendent of a large hospital for mental diseases, he was necessarily deeply impressed with the hopeless condition of the greater number of patients under his care, and consequently with the need for the *prevention* of disease. One of his duties as superintendent was the oversight of a farm of 1000 acres attached to the hospital; and his experience in this connection, with the calves and other young live stock, convinced him of the paramount importance of the early beginnings of life; for it was found that, by following out certain definite laws of nature for the first few weeks or months after birth, mortality in the live stock was practically eliminated.

A visit to Japan further impressed upon Dr. King the advantages possessed by those nations which were more primitive in their methods of life. In Japan, the population is being brought up under the most advantageous conditions; families are large, usually from 5 to 8, and

the children are reared in the natural way. The women engage in agricultural work in the open air, as well as care for their children, for whom they have a great affection. The same point is illustrated by the mortality figures for European countries; the lowest death rates are found in the more rugged Scandinavian countries. Christiania and Stockholm have an infant mortality rate of 8.5 per cent; Berlin and Vienna have a rate of 15 per cent; while in Petrograd and Moscow the rate is as high as 25 per cent.

The more modern and luxurious countries have also fallen considerably behind in their birth rates. A birth rate of 20 per 1000 is requisite to maintain a stationary population; France had reached this stationary rate many years ago, and her birth rate has now fallen to 18 per thousand.

Dr. King believes, however, that by finding out just what adjustments modern conditions require, the infant mortality rate should not, in any country, exceed 3 per cent.

By way of exemplifying the difference between natural and modern conditions, Dr. King pointed out that the infant, in order to obtain its food in the natural way from the mother, must make a strong effort; this means a physical development which is lost if the milk is allowed to be taken without effort by a bottle-fed baby. Again, infants show a natural desire to chew, even before the arrival of their teeth; and this instinct should be allowed to fulfill its proper function—the use of the gums and mouth, and the consequent prevention of future adenoid and tonsil trouble.

On his way home from Japan, Dr. King read a report which had been made in regard to the number of rejections in the English army on account of physical disability; these rejections amounted to 60 per cent on the basis of peace service only; and a Commission was appointed to inqure into the matter. After reading this report, which greatly impressed him, on his return to New Zealand Dr. King and his wife provided a nurse to undertake infant welfare work, and this proved to be the commencement of the splendid service which has made New Zealand "the place where babies seldom die." The community as a whole soon became interested and committees were appointed, the first at Dunedin, then another one at Christchurch, which interested themselves in the question of infant welfare. The High Commissioner and Lady Plunkett took up the matter very earnestly, and through their help and interest what are known as "Plunkett Nurses" were appointed. At the present time, there are between 70 and 80 infant welfare centers, each with its own committee, composed of 15 to 20 members.

It was particularly interesting to hear Dr. King state that he had founded the infant welfare work in New Zealand mainly on principles which had been worked out in the United States—and special mention was made of the work done in Cleveland, by the Babies' Dispensary and Hospital. These principles had been put into practical application in New Zealand, with the result that the infant death rate has been brought down to 5 per cent.

Infant welfare work in New Zealand is supported entirely by voluntary subscriptions and a government subsidy, which now amounts to $6.00 for every $5.00 contributed. There is one hospital, with capacity of fifteen patients, and three mothers and their babies, who are kept for two or three days, as the case may be, for educational purposes. It is in this hospital that the Plunkett nurses are all trained specifically in infant welfare work, before being sent out into the various communities; and Dr. King laid especial stress on the fact that only nurses with this special training are employed. Another point which Dr. King emphasized was the fact that the hospital and the nurses are made use of freely by all classes of the population, rich and poor alike. As one of the most important branches of education, he feels that the best methods of care for mothers and babies should be as freely available as any other educational subject; and it is largely upon the intelligent understanding, interest and influence of the women of good education that reliance is placed for spreading the knowledge which they themselves have acquired.

If Dr. King has acknowledged his debt to the United States for the principles of infant welfare work which, through its scientists and physicians, have been made known to all those who are desirous of taking advantage of the knowledge: so, it may perhaps be, that the United States in its turn, may learn from Dr. King and his successful efforts in New Zealand, to make a more general, practical and wholehearted application of those principles in our own country.

REPORT OF THE BABIES DISPENSARY OF CLEVELAND

Editor's Note: The following abridged annual report from the Babies' Dispensary and Hospital of Cleveland is of special interest at this time for two reasons: first because it shows the good work accomplished during our first year of war, when, with its Superintendent of Nurses called to France, its regular staff depleted, and part of the dispensary work carried on by volunteers, it is still able to show a full year and greatly increased medical work, such as electrical treatments, X-ray work and massage; and secondly because Dr. Truby King, the

world-renowned authority on infant welfare work, has pointed to Cleveland, and especially to the work done by the Babies' Dispensary, as the source of his greatest inspiration in the wonderful work he has been enabled to accomplish in New Zealand in lowering the rate of infant mortality in that country.

The Babies' Dispensary is to be congratulated on its accomplishments for the year, and on the fact that, by turning over to the municipality its prophylactic dispensaries—the purely educative and hygienic work which is very properly the duty of a city health department—it is able to devote itself more exclusively to the medical and scientific side of the question—a duty better carried on by a private organization.

REPORT

The past year brought some changes in the work of The Babies' Dispensary and Hospital, and many changes in our staff.

Early in February, 1917, the Division of Health took over the fifteen Prophylactic Dispensaries, leaving for our care only the really sick babies. This has made our clinics somewhat smaller, but on the other hand more interesting; the total attendance at the Dispensary in 1917 being 16,167 against 20,305 in 1916. The highest attendance in one afternoon in 1917 was 98 and in 1916, 113.

The Red Cross call for nurses for the Lakeside Unit took from the staff our Superintendent, Miss Leete, with Mrs. Engel and Miss Crites. While Miss Leete's leadership and enthusiasm have been missed, the work has been carried on most satisfactorily under Miss Hope. Through the summer we worked a regular staff of six clinic nurses instead of seven, with volunteers from Women Trustees and others interested, making eleven in all; also eight married graduate nurses.

Our Out-Door Ward opened June 15, with six graduate nurses, two senior pupil nurses from Glenville Hospital, and five nursery-maids, remaining open during July and August, at an average cost per day of $29.19, including salaries and supplies. The number of days treatment given was 1080 against 1554 in 1916.

Many patients reached us in more advanced stages than in previous years, due partly to the fact that physicians in the neighborhood who never before turned cases over to us, did so after they were unable to do anything for them. No one can visit our Out-Door Ward and not feel the need of a hospital for babies. Each year we see this more and more, and each year become more enthusiastic and hopeful that when conditions have changed our hospital will indeed be a reality.

Our regular post-graduate course has been discontinued, but two Division of Health nurses come to us from the Teaching District for clinical work in the afternoon for a period of two months. We also have some hospital nurses who come to observe the clinical work. The nurses who are taking the regular course in the School of Applied Social Science come for eight weeks clinical work, and also for lectures.

Our Milk Laboratory is a much less busy place than last year, as all the milk except the S. M. A. is being supplied and delivered by Belle-Vernon. However, each day, from 11.00 a.m. to 3.00 p.m., under the direction of a nurse, an average of 50 pints and 90 quarts are prepared for delivery to those babies for whom S. M. A. milk is especially prescribed, both at the Central Dispensary and at two of the Prophylactic Dispensaries.

On Monday, Wednesday, and Friday mornings massage and electrical treatments are given, the funds for which are furnished by the Benjamin Rose Fund. From May to January 1 we had 31 individual cases and gave 689 treatments. Each case having had six or more treatments shows marked improvement. The majority of the cases are the result of infantile paralysis.

Our X-ray is another branch of the work which has improved. By the investment of a new Carlidge tube we have been able to take some excellent pictures, and are now able to do treatment work.

The Babies' Aid Society deserves more than a word of thanks, for they have not only made all the dressings, but have purchased supplies.

It would have been difficult to have carried on our work this summer without volunteers, and to all of those who so generously gave their time we are more than indebted. This includes the married graduate nurses who came to the clinics an afternoon each week, also the many women who assisted in the clinics, in the social service department, and the desk.

Greetings have come from Miss Leete, who is now with the Child Welfare Bureau of the Red Cross, in Paris.[1]

A CLUB FOR INDUSTRIAL NURSES

By ANNA M. STAEBLER

One more organization for nurses was added to an already long list when, over two and one-half years ago, the New England Industrial Nurses' Club was organized. It is essentially "by, of and for" Industrial Nurses.

Our Constitution reads:

The objects and purposes of the organization shall be: To discuss problems relating to the health and well-being of workers in industry, which come within the province of a nurse. To stimulate, through the work of the Club, not only the enthusiasm of its members, but the interest of the general public, and especially of employers, to a fuller understanding of the value of the nurse's work in industry.

There were five representative signatures to the letter which was sent to Industrial Nurses in Boston, inviting them to be present at the organization meeting. The Club, which was organized with a membership of eleven, now has enrolled over fifty members, who come from New Hampshire, Maine and Rhode Island, as well as the distant parts of Massachusetts. The employers pay the railway fare of most of

[1] See letter from Miss Leete, page 217.

these distant members, in order that they may attend our monthly meetings.

The meetings last for two hours, the first hour being devoted to business and the discussion of problems. Rarely is a problem presented which has not been met and solved by another member, and so the hour proves to be of practical help. The problems are sometimes handled in the form of a Question Drawer.

For our second hour we have a speaker on a subject of interest to Industrial Nurses. We have had speakers on "Occupational Diseases and Health Hazards;" "Workman's Compensation;" "Industrial Sanitation;" "Organization of Clubs;" "Fitting the Man to the Job;" "Coöperation between the Industrial Nurse and Social Service Departments;" "Evening Clinics for Working People;" "Nursing Care of the Eye," etc.[1]

Evenings have been devoted to Ten Minute Papers by members of the Club, on such subjects as the following: Ethics of Industrial Nursing; Value of Follow-Up Work in the Homes; Problems of the Industrial Nurse in a Small Town; Part-Time Industrial Nursing; Record-Keeping; The Attitude of Labor toward Welfare Work; Industrial Problems.

We expect soon to have addresses on "Industrial Organization" and "The Ethical Relation between the Physician and the Industrial Nurse."

Recently we had an exhibit of record cards and all printed forms used by our members. As a result, a committee was formed to work on a record card and a monthly report form which we hope may be standardized.

One of the duties of our Publicity Committee is to supply articles of interest to Industrial Nurses for publication in the QUARTERLY. This decision was made after we found that the issuing of a monthly bulletin would be too expensive. Industrial Nurses who are too far away to attend, made appealing requests for reports of our meetings.

Rhode Island has twently or more nurses employed in industry. They recently held a meeting to consider organizing a branch of our parent Club and asked us whether we could consider adopting a child. They will probably be known as the Rhode Island Branch of the New England Industrial Nurses' Club. We have several members in Rhode Island, and they were emphatic in stating that they wish to retain their individual membership in our Club and to attend our

[1] Members who find it difficult to attend the meetings may send their problems to be discussed. The result of the discussion will be mailed to the member.

meetings when possible. It is quite likely that we shall hold a joint annual meeting, when we shall hope to hear what the Branch has accomplished during the year. Rhode Island will be a child of which we may well be proud.

We have many plans for the future development and activity of our Club. One is to have a voice in the legislation for an adequate supply of cuspidors in factories. There is no law in Massachusetts to control the unclean and unsafe habit of indiscriminate expectorating in factories, and doubtless no person is more anxious than the Industrial Nurse that such a law should be made and enforced.

We have always held our meetings in the evening from seven to nine o'clock, but have decided to change the time to Saturday at three-thirty, in order to meet the convenience of our distant members. Most plants are closed on Saturday afternoons, thereby affording the members time to return home at a reasonable hour.

The enthusiasm of our members, shown by their desire to get together to discuss their problems, standardize their work, and hear helpful addresses, is a fine thing to witness.[2]

Because Industrial Nursing is such a new branch of Public Health Nursing, and the various employers lay more stress upon the development of certain phases of the work than upon others, it is greatly in need of standardization. It is by means of such clubs as ours that certain standards may be worked out and adopted. Certainly, nothing could be accomplished toward such an end if nurses were to continue isolated from others in the same branch of their profession, trying to do their work and solve their problems as seems best to them alone. Industrial Nurses would do well to organize into clubs, thereby receiving mutual help and taking the first and most important step toward standardization.

The birth of each organization should be registered with the National Organization for Public Health Nursing. Herein lies another opportunity for mutual helpfulness.

[2] We have been entertained by the Dennison Manufacturing Company of Framingham and the Ginn Publishing Company of Cambridge, when an opportunity was offered to go through the plants. After supper and our business meeting, a social hour was spent.

THE NURSE IN THE SMALL INDUSTRIAL PLANT[1]

By FLORENCE S. WRIGHT

We are prone to associate industrial welfare and industrial nursing with large industrial groups; but since the awakening of employers to the value of the nurse's services, the small employer, even more than the large one, has been feeling his way toward the nurse as the partial solution of many of his problems.

Nearly twenty years ago, a marble company in Vermont, employed a nurse to spend her whole time visiting, nursing and teaching in the homes of the workers. Now there are many such nurses working among small groups of employees, each trying to fill the needs of employer and worker as she sees them.

It has been impossible to find any one nurse who will say what industrial nursing is. We are all trying to find our greatest usefulness, and the most any nurse consulted will say about her work is to tell what she has done, what she tries to do, and what she hopes some day to accomplish.

The ideal of industrial nurses seems to be to serve employer, worker and community:

1. By translating clearly to the workers the employer's interest and good will, both by their work in the plant and in the homes, so promoting pleasant industrial relations.

2. By bringing to the attention of the employer matters which, in no other way, would reach his ear so soon, such as beginning discontent among workers, and conditions in plant, homes or community, which endanger the welfare of the people.

3. By work in the homes reducing time lost from many causes, sickness being only one of these.

4. By first aid and subsequent care, under the direction of the surgeon, minimizing the results of accident. Infections are, in practically every case, prevented where skilled and prompt first aid is given.

5. By records and reports, indicating the danger points in the plant, so that the worker may be protected from accidents and health hazards.

6. By coöperation with the employer in the plant and other agencies in the community and the homes, assisting in the removal from plant, community, and homes, of conditions which menace health, happiness or morals.

[1] Written for the National Safety Council, Pulp and Paper Section, in session with the American Pulp and Paper Association, New York, 1917.

7. By her teaching in the homes and work in the town, helping to create a community where provision is made for the health, education, employment, recreation, and moral and spiritual inspiration of each person.

Certainly all experienced in this field will agree that there are certain things which the industrial nurse must not be asked to do.

1. She will not practice medicine, and no one must think of her as encroaching in any way on the field of the physician or surgeon. She will give first aid and make a patient comfortable at the first visit, but will then see that a doctor is in attendance, and will get her orders from him, assisting him in every way possible. The wise first aid nurse will be guided, in the absence of orders, by the treatment advocated by the National Safety Council or the National Affiliated Safety Organizations, and will confine her dispensing of medicines to a simple cathartic, given only at the request of the patient.

2. She will not be an almoner, and will arrange for material relief only as a temporary makeshift in case of great need.

3. She will not be a detective. She is useless in any capacity but that of intimate, confidential friend and teacher. She will naturally discover conditions which it is her duty to report, but the decision, in cases of suspected malingering, should not be made by the nurse. It would destroy confidence, and the nurse might easily be mistaken. Many cases of supposed malingering prove later to have been obscure conditions, often more serious and harder to cure than something which is self evident at the first visit. Tactful treatment by the nurse will often get a malingerer back to work, and will do wonders in those not infrequent cases where the patient needs to be convinced that it will not hurt him to go to work again.[2]

The question has been asked:

Would it be possible for the trained nurse in the small plant to devote part of her time to clerical work?

That seems perfectly practical, but why use relatively expensive labor where cheaper would do as well? Nurses are seldom expert stenographers or bookkeepers. Why not use the nurse's special talents, her skill in dealing with people and her knowledge of hygiene and sanitation? Most companies own tenements; all must employ new help. Nurses have been successful as renting agents. They can always gain access to a home without antagonizing the family, and can make the necessary inspections unobtrusively and effectively. Moreover, the tenants will gladly take advice, suggestions and even dictation from a nurse they know, which from any other source would anger them. (Visiting nurses are often appointed as truant officers, and are specially successful.)

[2] Quoted from a paper on "The Nurse in Industrial Welfare Work" prepared by the writer for the National Safety Council, Detroit, 1916, and published in QUARTERLY for January, 1917.

In a very small plant where the houses are near together, this work of renting agent could well be combined with visiting nursing. The nurse could be in the plant at fixed times, she could train an intelligent worker to give first aid in her absence and spend her spare time in the homes.

In a plant too small to employ a doctor at full time, the nurse could see all new workers, send those seeming to need medical attention to a doctor, and be of great service in fitting the man to the job, in the protection of workers from infection, and in promoting pride in personal appearance and cleanliness. The nurse proves an economical factor in getting the man to the doctor in time. This the handy man seldom does, but the nurse takes no risks. The lay worker or handy man can render safe service only under the closest direction and supervision.

The J. H. Ladew Tannery in Newark, with one hundred fifty workers, employs a nurse at full time. This nurse manages an emergency hospital and Welfare Department. Here a patient can have care, if suffering from shock, until the surgeon arrives and deems it safe to have him moved to a general hospital. There is no such hospital near, or this feature would not be needed. The nurse supervises lunches for laborers and clerical force. She is friend and counsellor to all. The physical condition of the plant, ventilation, moisture exhaust, sanitation, etc., are continually studied by the nurse in order to make this occupation comfortable and healthful, as well as free from hazard. She visits the homes of the men when they wish it, advises and cares for their wives during pregnancy, and teaches them the proper care of their babies and homes. (The actual daily visiting nursing required is done by the local Visiting Nurse Association.) She busies herself with all sorts of civic problems, having secured the coöperation of the Health Department and the Public Service Company, causing a shorter headway between cars during rush hours. Here we see the public health worker securing coöperation from large corporations when the need is shown them. By this company and neighbors, it was pointed out that undue exposure often caused illness. It was possible also to obtain the coöperation of the Health Department and the State Department of Labor in abating industrial nuisances. The nurse is now arousing local interest in an evening dispensary for workers, where they can secure medical attention and pay for it. Most clinics and dispensaries are open to the worker only during his working hours and are for charity only. In a small, compact community, such a nurse could be even more efficient and valuable, as the opportunity for intensive work would be greater.

A mining company in Pennsylvania provides a school[3] which is a community center and where nurse and teacher live.

In another plant,[4] the nurse lives in a small house which serves as an emergency hospital and health center. She cares for first aid cases and those suffering from serious accident until their removal to the nearest city hospital is considered safe by the surgeon. She gives prenatal care to prospective mothers, conducts a baby conference once a week and visits and instructs mothers in the care of their babies. She visits the sick and cares for them or instructs the family in their care. She is the good neighbor of the whole village and the "Nurse's House" is the place to which all classes come when in trouble.

A small mining village up the Hudson is a problem to the owners of the one industry, The Fort Montgomery Iron Corporation. The population is about two hundred, twenty of whom are women. There are no amusements and the problems are what would be expected. The directors of the corporation and its president, Mr. Oswald Garrison Villard, President of the New York Evening Post, became concerned and feeling their responsibility engaged two experts to make a survey. On the recommendations following this, it was decided to engage an experienced and socially trained nurse, who began her work February 2, 1917, and will give her full time to the betterment of the settlement. The plant is not yet in operation, but no one thinks for a moment that the nurse will not be busy. She will do visiting nursing, give instruction in hygiene and sanitation, possibly acting as health officer. Means for education and recreation must be developed. The plans are not yet public, but a moving picture theatre is to be one of the nurse's responsibilities. New housing has been under way for some time and a new school is to be established.

Miss Anderson of the Kimberly-Clark Plant at Niagara, Wisconsin, has to deal with a pulp and paper plant, employing about 500 people. She writes:

> I begin my day by assisting the Company's doctor at his office, doing dressings, giving anaesthetics, and anything that is apt to turn up. When I am through with my office work, I begin my round, going into the houses of the employees. Bedside nursing is done and taught, as well as the proper way of living in regard to hygiene and dieting. I have gone into the schools and examined the children two or three times a month.

This seems a good picture of what one nurse is doing. The company must consider the work useful, as they are planning to install a nurse in their Neenah plants. Mr. Shattuck (their treasurer) writes:

[3] The Buck Run School, Minersville, Pa.

[4] Cheney Brothers, South Manchester, Conn.

Although we can see that one nurse cannot eventually do the work for these three plants, yet she could demonstrate the need and the value there is in such endeavor and point the way to a permanent arrangement.

Now that the difficulty of finding trained nurses with social training and experience in great, large companies controlling many small plants might employ a supervising nurse, who could organize the work in one small plant after another, leaving a trained nurse whom she had instructed in industrial work in charge, and finally keeping the oversight and supervision of all. Her comparative studies of the plants, her records and reports would be more valuable than those of isolated nurses working alone. For many duties, standard methods could be devised, and the work could be so planned as not to be interrupted by changes of personnel. The American Smelting and Refining Company has engaged a nurse for such supervising work for a number of plants.

Small plants located in larger towns would do well to affiliate with the local Visiting Nurse Association, having a nurse for full or part time, working under the supervision of the association. This plan insures uninterrupted service under competent supervision, and is sometimes the easiest and quickest way to begin industrial nursing.

The problem of the small plant in the small town should be most attractive to nurses. Women like detail work, and in such a place the work could be so planned that it could be controlled in all its details by one person.

A nurse's answer to the question:—

"Would it be possible to employ a trained nurse, part of whose time would be occupied in clerical work?" is that it seems perfectly practical, but we would hope to be so valuable that our employers would soon see that we might better be using our special talents, training and experience all the time.

THE SUPERVISED ATTENDANT SERVICE

By BLANCHE SWAINHARDT

The Supervised Attendant Service in Cleveland was first organized in March, 1915, by the Cleveland Graduate Nurse Association, and conducted for an experimental period of five months as the Household Nursing Service of the Graduate Nurse Association. At the end of that period the Graduate Nurse Association realized that it would be a long time before the public could be sufficiently educated to appreciate the value of graduate nurse supervision; that until such time came the

expense of supervision must be carried on by a private organization; that an organization purely professional in its undertakings could not well collect money to carry on a project indefinitely; and therefore, at the end of a five months' period the Graduate Nurse Association asked the Visiting Nurse Association to assume entire responsibility for the work—to organize, finance and direct it, as seemed wise.

Inasmuch as both the Graduate Nurse and the Visiting Nurse Association had been jointly interested in developing nursing service for all homes in Cleveland, it was quite logical that they should turn to the Cleveland Visiting Nurse Association to establish a new department. The advantages in asking an already standardized society to assume a new responsibility are obvious. In the first place it saves the time and overhead expense of a new organization; secondly, it takes advantage of the prestige established by an older society; and thirdly it places with an organization already well acquainted with conducting experimental work the responsibility for money to carry on a new project.

An estimate of the expense of a Supervised Attendant Service for the initial year was made as follows:

Supervisor's salary	$1,100.00
Vacation substitute (1 month)	75.00
Printing and advertising	125.00
Equipment and office supplies	25.00
Telephone	15.00
Record files	30.00
Moving expense	2.00
Carfare	50.00
State insurance and possible license	100.00
	$1,522.00

After very careful consideration the Board of Managers of the Visiting Nurse Association assumed the task, and the Household Nursing Service became known as the Supervised Attendant Service of this Association. A guarantor for this first year's expenses was then secured and the work was transferred from the Graduate Nurse Association October 1, 1917. With the transfer of the work, Miss Bentley, the nurse who had been in charge since its organization as Household Nursing Service, and who was formerly a Visiting Nurse and knew the Association's desires as regards development and service, continued in the position of supervising nurse. After a few weeks' adjustment the advantages of organized effort became very evident to the Supervisor, who had encountered many difficulties while working with a board of nurses who were equally as busy as herself. She found that to work with lay women whose minds and time can be devoted to nursing prob-

lems and who can support their ideas with financial backing was distinctly more satisfactory and helpful.

During the early period of the work the Supervising Nurse was obliged to spend valuable time in doing clerical work, typewriting, mailing out bills, making reports, etc., which should have been cared for by a clerical force. After completing the first year's work with the present organization she feels the many advantages which come from the contact with and the support of an organization such as the Visiting Nurse Association.

The Supervisor of the Attendant Service is expected to establish coöperation between the family and the attendant and the Association, as well as a standard of professional conduct toward the physician in charge. The Supervisor has regular office hours in the Association rooms—8.00 to 9.00 a.m. and 2.00 to 3.00 p.m. daily. Here she does the necessary professional telephoning, arranges the placing of attendants on cases, and devotes the hour from 2.00 to 3.00 to interviewing attendants who have been already employed and to those wishing to make application.

On visits of supervision the Supervisor always notes whether or not the family are happy and satisfied, ascertains the cause of any dissatisfaction; the condition of the home and the patient, and the condition of the room as to cleanliness, order and ventilation, etc. She also notes the attendant; learns whether any adjustments are necessary regarding her hours off duty for rest and recreation, whether she has comfortable sleeping quarters, and whether or not she is neat and clean in her appearance; also, what sort of records she keeps and how systematically she performs her duties.

FINANCIAL STATEMENT

In order that we might know exactly the financial standing of the first year's experiment, a separate checking account was arranged for, which shows the following handling of funds, October 1, 1916 to October 1, 1917:

Cash on hand, October 1, 1916			$63.97
Receipts			
From patients	$8,277.35		
From Registration fees	149.00	$8,426.35	
Loan from Neighborhood Nursing Committee		90.00	
Special donation transferred through the Visiting Nurse Association		1,000.00	$9,516.35
			$9,580.32

Brought forward			$9,580.32
Disbursements			
Current Expense:			
Attendants and salaries	$8,463.72		
Visiting Nurse Service	33.50		
Rent of class room	5.50		
Payment of loan	90.00	$8,592.72	
Special Expense: (included in estimated cost)			
Supervisor's salary	820.36		
November 15, 1916 to August 15, 1917			
Printing and advertising	17.83		
Record files	61.15		
Equipment (supplies)	42.20		
Moving	1.50		
Supervisor's carfare	37.61	$980.65	$9.573.37
Balance on hand, September 30, 1917			$6.95
Bills payable, Supervisor's salary, August 15 to September 30			$137.49
Bills receivable (including lost accounts, $111.21)			$677.19

PATIENT'S INFORMATION CARD

Upon receipt of a call for an attendant the regular application form for service is filled out and filed.

Copy of record

PATIENT'S INFORMATION CARD

Date: 3–7–18 Time: a.m.
Patient's Name: Mrs. Ames.
Address: 1633 K St.
Telephone:
Doctor's Name: Dr. Ketcham.
Address: Longview Ave.
Telephone: M. 5783
Diagnosis: Confinement 10th day.
Duties { Nursing: General care.
Household: Whatever may be needed.
Number in Family: Patient, babe and 2 children, 3½ and 6 years.
Attendant Sent: Mrs. Cain.
Time Went: 4 p.m.
Attendant to Receive: $15.00.
Charge to Patient: $16.50.
Call came from: Family.
Remarks: Miss S— former patient referred patient to V. N. A.
Call taken by: Grace Bentley.

October 22, 1917.

PAYMENT OF BILLS

The general policy established by the Association was that the family employing the attendant should pay the Association, and that

the Association in turn is responsible for the salary of the attendant. The families are requested to make payments promptly each week, and owing to one or two outstanding bills we found it necessary to establish the policy of *discontinuing* service if no definite effort to make payment regularly was evident. Families calling for the services of an attendant fully expect to pay for such services, and when circumstances develop which make it impossible for them to do so they are referred to the Visiting Nurse Pay Service for part time care. Our system of collection has in most instances proven satisfactory, the largest outstanding bill being one which came to us with the transfer of the work.

In addition to the points regarding the care of the patient we now require a statement from the family as to the person to whom we shall look for payment of bills. Quite frequently it is not the person who makes the request for service who is responsible for the payment of bills.

RECORD OF ACCOUNTS

An account card is kept with the following data for each case, and the card system which we have installed is so far working satisfactorily:

Account with.....Jones, Mrs. J. C. Case No. A 51
Address.....1001 Blank St.

SERVICE BEGAN	NAME OF ATTENDANT	BILL SENT	AMOUNT	DATE PAID	AMOUNT	AMOUNT AND DATE PAID ATTENDANT		SUPERVISION
10/15/17	Mary Brown	10/22/17	16.50	12/1/17	16.50	10/23/17	15.00	1.50

LETTER TO PERSONS EMPLOYING ATTENDANTS

In order that we might set before our patients definite policies regarding the attendant service and payment of attendants, the following form letter is sent to all families, with the rendering of the first bill:

Mrs. J. C. Jones,
1001 Blank Street, City.

My dear Mrs. Jones:

The Visiting Nurse Association has realized for considerable time the difficulty with which a reliable attendant may be secured when needed. To meet this difficulty a supervised attendant service has been added to the Association activities, the purpose of this department being to supply a reliable attendant under the direction of the Association and the supervision of a graduate visiting nurse.

For this supervision and for the maintenance of this department a charge of $1.50 per week, over and above that paid by the department to the attendant, is made to each individual obtaining an attendant through our Supervised Attendant Service Department.

This department is comparatively new and has been created to serve you well at a minimum cost. We shall welcome your coöperation and support, and shall attempt to promptly adjust difficulties, which should be taken up with the office rather than with the attendant.

Very truly yours,

.....
Superintendent.

SUPERVISION CHARGE

The charge of $1.50 a week additional is made for supervision of the graduate nurse. This charge is based on our cost per visit, and provides for two visits each week by the Supervisor. In some instances two visits are not necessary, and in others more are required. This charge is never waived in families where the financial condition warrants the payment, no matter how little need there seems to be for the visit of the graduate. In homes where financial conditions are strained we have at times made no charge for supervision.

Unless a considerably larger fee can be exacted from the public for supervision, the Service will have to be subsidized to the amount of a supervisor's salary for some time to come. As the work grows the Association expects to carry the supervision in the already established districts by the regular district nurses, rather than by adding supervisors for this particular service. However, we believe that for considerable time yet a head of the department will be necessary.

When supervision is carried in the district by one of the general staff nurses of the Visiting Nurse Association, she is expected to make observations and report according to the following letter, which the staff members have all received and studied:

.....
.....
.....
MY DEAR .....

Attendant service may be arranged for when the nature of the case so indicates, and family desires such care. The charges for attendants range from $11.50 to $19.50 per week, according to the kind of work required, amount of housework expected, size of family, conveniences for doing work, etc.

The calls must all be adjusted through the Main Office. Each case will receive the necessary graduate supervision, either from the nurse in the district, or by the supervisor of the Service. Each attendant will be instructed to expect such supervision.

The family is expected to pay bills weekly. Bills payable to—The Supervised Attendant Service.

Each visiting nurse is expected to send the following information to the office regarding the family, patient and attendant:

Does the family coöperate?

What is the condition of the patient?

What is the condition of the bed—is it neatly made and kept clean?

What is the general condition of the room as to order, ventilation, etc.?

Is the patient happy about the attendant. If unhappy or dissatisfied, what is the cause of the trouble?

Is the attendant happy in the family? Is she neat and clean, hair tidy. Are arrangements made for her to have hours off duty? If not, how can this be adjusted? Can you suggest some member of the family who could come in for two hours each day, or for more relief if necessary?

Your coöperation in the establishment of this service will be greatly appreciated.

Very truly yours,

.....

Superintendent.

LETTER OF INSTRUCTION TO STAFF NURSE

A written report for each visit of supervision is mailed to the Main Office for the regular supervisor, when the visit is made by a staff nurse. A bedside record like the one used in our district work is kept for each patient. These records are at present all filed at the Main Office.

RULES FOR ATTENDANTS

Attendants have a regulation *application* form, form letter of *inquiry* regarding their work and the following rules, which are exceedingly simple in their requirement, but seem to be the ones necessary at least to outline the work:

1. Every attendant while working for the Supervised Attendant Service must observe the rules of the Service.

Attendants are to work under the supervision of a graduate nurse and it must be understood that the Supervisor shall call at all cases as often as she deems it necessary and her advice must be followed.

Attendants are also reminded that they must always call the Supervisor by telephone for advice and instruction as the occasion may arise.

2. Attendants are required to wear washable dresses while on duty, with white aprons while in the sick room, and must at all times be neat and clean.

3. While taking care of a patient it must be strictly understood that no treatments, such as enemata, douches, irrigations, etc., can be given by attendants without an order from the physician in charge of the case. The doctor's orders should be written down and kept ready to show the Supervisor when she calls. The utmost accuracy must be exercised in the time and amount of giving medicines and treatments.

4. Attendants must provide themselves with a clinical thermometer and bedside note blanks, and must on all cases keep careful bedside notes recording temperature, pulse and respiration.

5. Attendants will be paid regularly by the Service and in no instance are they to accept payment from the patient or the patient's family while in the employ of the Service. A charge will be made to the patient over the amount paid the attendant to cover supervision.

6. Whenever necessary the attendant will help with the housework as far as she can without neglecting the patient. Heavy work like washing, scrubbing etc. will not be done by attendants.

7. Attendants will have a reasonable time off duty for rest, fresh air and exercise. The Supervisor will arrange for this time with the patient or his family.

8. Attendants are requested to notify the Service when they take cases from other sources and when they are at liberty again.

ATTENDANT'S APPLICATION

1. Full Name: Mrs. Belle Case.
2. Present Address: Mr. Wm. Jones, 1625 K St.
3. Age: 59 years Religion:
4. How and where have you been employed the last five years? Worked in Bainbridge and Mentor, O.
   Mrs. Gorman.
   Mr. Wm. Jones.
5. Is your health good? Yes.
6. Have your any physical defects? No.
7. Give two references other than former employers as stated in Question 4: Mr. Ernest Marks, Hampden Road, Mr. G. F. Brackett, Mentor, O.
8. Have you anyone dependent upon you who might interfere with your remaining in the work for at least two years, or for an indefinite time if desirable? No one unless my child should become ill.
9. I have carefully read and fully understand the rules of the Service and I agree to abide by them when in its employ.

Signature BELLE CASE.

Date: 9-7-17 Telephone: Eddy 345M.

LETTER OF INQUIRY

Date 12/26/1917.

Mrs. Smith
9666 Blank St.

Miss Mary Brown has applied to us for employment as an attendant and gives your name as a reference.

Will you kindly aid us in maintaining high standards, as well as developing Miss Brown's opportunities by answering the following questions. All communications will be strictly confidential.

Thanking you in advance for your courtesy and help in replying, I am

Very truly yours,

.....

Superintendent.

1. When and how long was she in your employ? About 6 months in 1916.
2. Personality: Very pleasant and jolly.
3. Moral character: So far as I know—very good.
4. Is she thoroughly trustworthy? I think she is.
5. Can she take responsibility? She did here.
6. Did she give satisfactory care { In acute illness? Yes. During convalescence? Devoted to patient.
7. Is she willing and adaptable? Yes.
8. Has she any physical defects or peculiarities? None that I know.
9. What do you consider her faults? None worth mentioning.
10. Are you willing to recommend her? Most assuredly.
11. General remarks: Have known Miss B. three years—always appeared thoroughly interested in her work.

Very truly yours,

J. C. Smith.

ATTENDANT FILE

An up-to-date file is kept of "Attendants Available,"—"Attendants on Cases" and "Attendants not Available," a duplicate of which is kept at the Central Registry, which is notified of all changes at the end of each day, as our night calls are answered by the Registry.

Address.....601 West Blank St. Age.....45
Qualifications—No training. Two years' experience in practical nursing.
Good housekeeper.
Rate.....$18.00
Remarks.....Appears capable and has good references. Prefers not to care for children or tuberculosis cases.
Name.....Jones, Mrs. Mary Tel. No.....South 1826

PAYMENT OF ATTENDANTS

We make it our business to regularly pay the attendants each week while on cases. This contributes to the contentment of the person employed. The attendants are only paid for the actual time which they work.

While the wage scale ranges from $11.50 to $19.50, including the $1.50 supervision fee, I should like to make it clear that there are very few desirable women, almost none in fact, obtainable at $11.50. The average wage is from $16.50 to $19.50, and I believe that in the near future we shall have to adjust this figure, making the maximum to the attendant of $20.00, thus making our maximum charge to families $21.50 per week. Only recently we have lost several capable women because they can obtain a larger amount working independently, receiving their calls from various physicians.

ATTENDANT FEE

A charge of *$3.00 a year* is made to each attendant registering with the Cleveland Association. This is made with two points in mind—*first*, to assure the serious intentions of the attendant. This makes the attendant feel that she really belongs to a definite organization. (There is no use spending time in getting references and in interviewing people who are not seriously minded regarding the Service); *second*, it is a small revenue toward the cost of maintenance.

A record of each registration fee and cases attended is kept for each attendant:

Brown, Mrs. Mary.....Attendant

Fee	Paid to	Case Number
$3.00	10/5/1918	A–123

DUTIES OF ATTENDANTS

Attendants are not expected to perform the work of a graduate nurse, and this we explain to the family each time one is employed, but we do expect them to give some simple treatment and care and to do so well. They are expected to make a bed and to do so properly; to give a thorough bath, and to give a simple enema or douche and apply a simple dressing; and to perform such household tasks as may be necessary to the peace of mind and welfare of the patient.

Attendants are *not* expected to give hypodermics or to catheterize or give bladder irrigations or apply any vital surgical treatment. Neither are they expected to do heavy household work, such as laundry or weekly cleaning.

Most women belonging to the department appreciate their registration, or membership, and the privilege of conference with the supervisor, and the feeling that with her rests much of the responsibility for each case. I rather interpret their feeling toward the supervisor as somewhat similar to that of the graduate nurse toward the physician after she has conferred with the attending physician regarding her patient, a feeling of rest and relief comes from shared responsibility.

The attendants have as many preferences in registering, and very similar ones in fact, to those of the graduate nurse. Some will do obstetrics and some will not. Some wish to care for children and will do nothing else, while others refuse to take a case where care of children is necessary.

TYPES OF ATTENDANTS

It would seem our best material for attendants is to be found among women who come to us from some other kind of service, and

who have had very little nursing experience. These women seem anxious to learn and do not feel that they know as much about nursing as the graduate nurse. A few examples of the most successful types may be given.

Mrs. R——— worked in a factory before taking up attendant work. Has had her own home and knows how to keep house well, and is not afraid she is doing more housework than she should. Is quiet, and acceptable in sick room.

Miss T——— was a nursemaid. She is young and anxious to learn all she can. Her greatest drawback is slowness and timidity. She follows instructions and does her work thoroughly and, therefore, seems promising.

Miss F——— formerly did housework and sewing. Is willing, tactful and thorough. Started her on convalescent cases where the nursing care required was simple.

Miss R———'s only experience in nursing was in caring for her mother during a long illness, and for a sister; together with two weeks in a city sanitarium. Her temperament and experience should make her a good attendant under direction and supervision.

INSTRUCTION FOR ATTENDANTS

A definite course of instruction is one of the most evident needs to insure a successful attendant service. So far Cleveland has been unable to plan such a course. Most of the attendants appreciate supervision and suggestions and would profit by proper instruction, and we hope ultimately to establish such a course. We find that superintendents of training schools in several of our best hospitals are much interested in meeting the need for trained attendants. We have found it necessary and practicable to conduct certain classes, having the following outline for our material:

Tentative Outline for Classes

Requisites of attendants...	Personality Tact Ability to do Willingness to do Thoroughness
Personal hygiene.....	Cleanliness as regards person Bathing Cleanliness in regards to clothing Care of hands and nails Cleanliness in regards to handling patient, bedding, clothing, bed pans, etc. Hair
Ethics.....	Mrs. Robbs text-book Suggesting to physician some line of treatment Talking about personal ailments (These two things have come up frequently in the work)

General daily care of bed patient	Temperature, pulse, respiration
	Bath face and hands, clean teeth
	Breakfast
	Treatments as ordered
	Bath, comb hair
	Make bed
	Dinner
	Rest hours
	Supper
	Alcohol rub, brush hair, clean teeth and prepare for night
Bed Making, care of bed and Bedding	Mattress, cover for
	Bed well made, clean, comforatble
	No crumbs
	Lower sheet and draw sheet, clean
	Smooth, no wrinkles, dry
	Top covers
Care of bed room	Cleaning
	Airing
	Temperature
	Arrangement of furniture
	Light, and how to shade
Care of soiled linen	Removing stains
	Getting ready for laundry
Care of utensils and appliances used for patients	Pads, protectors
	Bed pans, douche pans, urinals
	Rectal tips, etc.
	Hot water bags, douche bags
	Ice caps, air cushions, etc.
	Thermometers
General care of the home and use of disinfectants	Refrigerators
	Garbage
	Bath Room
Kinds of meals and nourishments	Tray
	Care of tray and dishes
	Amount and kinds of nourishment
Enemata	Kinds
	Manner of giving
Infectious and contagious diseases	Special care of bedding
	Utensils
	Disinfecting

The above outline was suggested wholly from the needs which the supervising nurse has seen in the attendants' work, and would of course have to be rearranged and a number of changes made if it were to be given regularly. Twelve classes were given last year.

TYPES OF CASES

The desires of the family or the patient are usually very definite, and frequently exacting, and again we find patients not differing from those

employing the graduate nurse. A little rougher type of work and more household duties for less acutely ill patients seem to be the points which cause people to call for an attendant. The great majority of homes to which attendants have been sent we call, for want of a better term, the "middle-class" homes—homes of independent, self-respecting wage earners. A few have been sent into homes where, in our judgment, it would have been very possible for the family to have employed a graduate nurse had the case demanded her skill. In our opinion the actual need of the case should more and more dictate the degree of skill required for its proper care; only by recognizing this principle, as well as the natural limitations of income, can we arrive at a thoroughly orderly solution of this nursing problem.

The service required for the different patients has been almost as varied as the calls received.

(a) Confinement case. Mother and baby discharged from hospital at end of two weeks. After being at home for a few days, the physician found it necessary to order the patient to bed for a period of two weeks, during which time it was necessary to provide care not only for the mother and baby, but for a boy three years of age. As these three patients, together with the household duties, kept the attendant busy. the father, who is an engineer, did the washing after working hours.

(b) Confinement case in the home. Although the mother had been in the hospital for two previous confinements, she felt that with her small family it was necessary for her to remain at home this time. The attendant, besides caring for mother and baby, cared for the two other children and did as much of the housework as she could. The home presented an untidy appearance most of the time, but the mother and children were well cared for and sufficient meals were prepared for the family.

(c) This case was that of a young woman about to be confined with the second baby, and the agreement between the patient and Association to send an attendant if we had one on call sufficiently experienced to guarantee proper care at time of delivery; if not, we were to provide a graduate nurse for the delivery (which we prefer to do), making an extra charge of $5.00 for such care. The patient being overdue the Supervisor made a call to learn what the conditions were and found the woman in labor. She remained during the delivery, and placed an attendant on case who had experience in convalescent maternity work, but who had not had experience in assisting during delivery.

(d) This patient has had service from an attendant for a number of months. The particular problem in this case is that of sufficient relief for the attendant. The patient is a charming person past eighty years

of age and is confined to her bed constantly. She lives in a boarding house, and though there are no household duties to perform the attendant does her mending, attends to washing the handkerchiefs, laces, etc., and keeps the room in condition. It is necessary in this case to relieve the attendant for a period from twenty-four to forty-eight hours every few months, in addition to daily relief.

(e) Patient was for a time cared for by the visiting nurse. Later, conditions became more acute and constant care was necessary, during which time an attendant was placed on the case.

(f) An aged gentleman who lived with a widowed daughter and grand-daughter. The daughter, being a school teacher, found it impossible to care for her father, and another daughter placed an attendant in the home to care for him and attend to the necessary household duties until his death.

(g) In another instance the mother of six children was desperately ill with pneumonia. Two graduate nurses were employed to care for her, but there was no one in the house to attend to the housework or look after the children. The Supervisor prevailed upon one of our attendants to go into this home and remain until a suitable maid could be found.

As will be seen in the foregoing cases, attendant service is supplementary to the graduate service, and is often more desirable and practicable than further continuance on the case of the graduate nurse. The acute stage for care having passed and the rougher duties of the household becoming necessary, the graduate should be released to use her skill for more acutely ill patients.

Development of attendant service is also an excellent war time measure, as it enables the home to have constant service while it is needed and yet it guarantees certain standards which can only be assured through the supervision of a graduate nurse. For many years practical nurses have been the subjects of commercial bureaus, and have had very little guidance from anyone better trained and prepared than themselves. In our Attendant Service we have registered 46 women, all of varied training, experience and skill, but in most instances of proven character, who certainly render better service under the supervision of a graduate nurse than could be rendered by women working entirely independently or from a commercial registry.

From the expressions of appreciation which have been received both from the homes that have been served and the attendants that have been supervised, we feel that the attendant service is destined to become a very important part of our work. During the year just closed, which

was the initial year of this particular service, we received 400 calls for such attendants.

In establishing a bureau or department for experienced attendant service,—and frankly, I believe it should be a department in visiting nurse associations,—very great care must be taken to make the public in each instance understand the two types of service—that the graduate nurse is always the *visiting* nurse, and that the attendant is the undergraduate nurse who remains in the home under supervision.

It is necessary to inform the Attorney General of your state, or the Commissioner of your Labor Exchange Bureau, that you are not running a bureau for profit and that it is being subsidized to the extent of a supervisor's salary as well as office room and equipment, otherwise, a license from the state may become necessary. This cost varies in different states; in Ohio this cost is $100 a year.

In the Visiting Nurse Association pay work and the attendant service we have found the physicians of Cleveland appreciative and helpful. Many physicians have expressed themselves as very grateful for an organization to which they can apply for the kind of nurse who will come in to care for the children in the family; get some of them ready to go to school, pack the father's dinner-pail, and also give necessary care to the patient; since many physicians attend families who cannot afford the services of the graduate nurse.

The following figures represent the work for our initial year:

Yearly Report of Supervised Attendant Service, October, 1916

	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	TOTALS
Supervising calls	57	51	45	38	67	50	53	47	44	43	48	62	605
Working calls	8	4	2	3	5	4	7	4	3		2	3	45
Service calls	23	32	25	13	17	13	16	27	22		10	14	212
Prenatal calls				1	2	3	3	2				4	15
Miscellaneous calls	14	8	11	11	16	3	6	11	5		9	7	101
	102	95	83	66	107	73	85	91	74	43	69	90	978
Interviews in office					14	7	6	19	54	36	17	38	191
Classes					2	3	3	4					12
Attendants at classes					9	11	9	10					39
Calls filled	11	15	19	33	34	24	27	28	24	23	27		292
Calls not filled	1	4	10	10	13	23	10	11	16	3	3		108
Calls received	12	19	29	43	47	47	37	39	40	26	30		400

The Board of Managers feel that the financial statement and the above figures justify the Visiting Nurse Association of Cleveland in making this work a definite part of the Association, and the extra expense of the supervisor's salary has been included in the regular budget.

While we are encouraged at the growth of the work, there are many obstacles yet to be overcome, and many disappointments occur in the contact with individual patients and attendants. This, however, does not discourage the idea that Supervised Attendant Service is one of the proper ways in which to supplement graduate nurse service and to assist in establishing standardized care for the sick in their homes.

In closing this very brief summary of our first year's experience, I wish to express our keen appreciation for the hearty support, professional and financial, of the Graduate Nurses of Cleveland. The idea of working with a practical nurse has only been stimulated for a short time, and the response of our graduates has been most cordial. The Graduate Nurse Association as a professional body expressed their belief in the work by inaugurating it and by bearing the expense until it became a burden. Since the transfer to the Visiting Nurse Association, the Graduate Nurse Association has continued to care for our night and Sunday calls and to support and assist us in a most coöperative manner. Were it not for this interest and continued helpfulness we should find attendant service work much more difficult to establish and maintain. It is certainly true that where a large number of people are united in purpose, most of the difficulties are soon made to appear small.

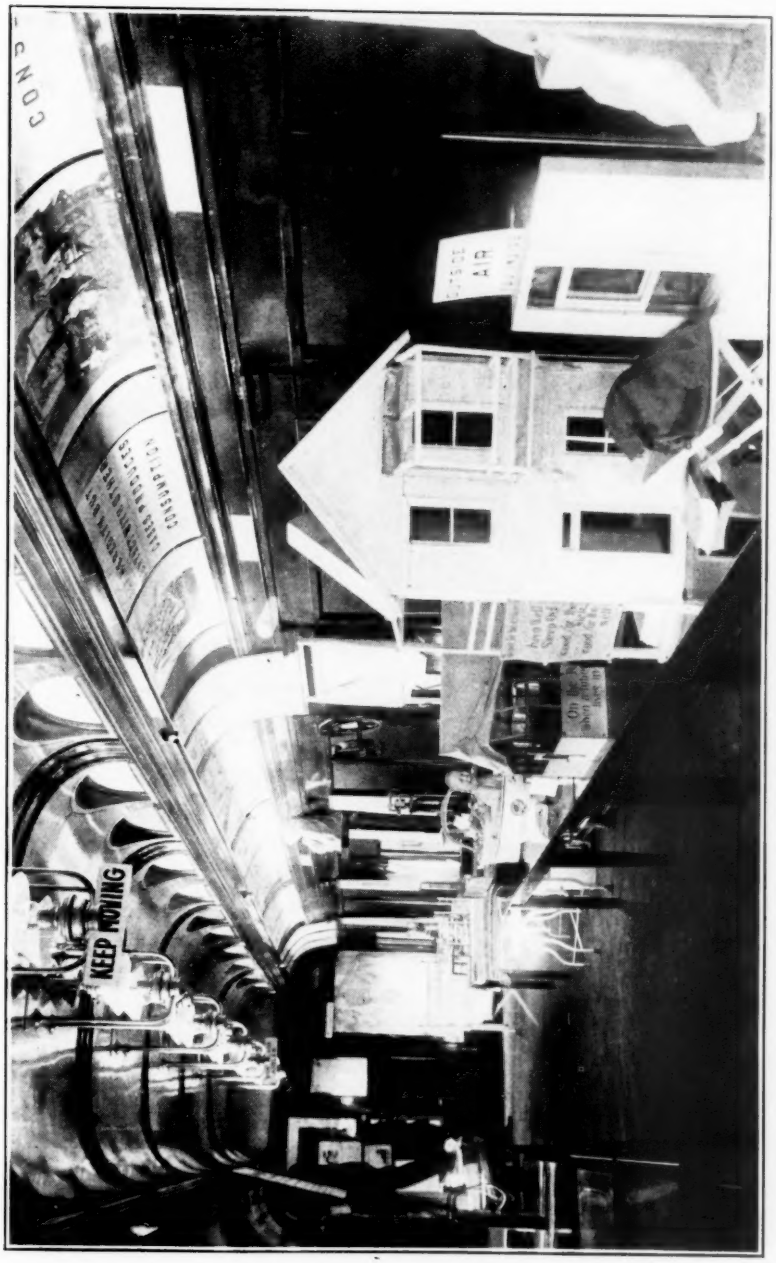
[NOTE.—Much of the material used in the rules and regulations has been copied from or suggested by the Brattleboro and the Boston Associations.]

CREATING A DEMAND FOR PUBLIC HEALTH NURSING

BY MARGARET McKNIGHT

Believing that practical results are sure to follow any educational work done, and recognizing the added value "seeing" is to "hearing," the secretary of the State Board of Health of Kansas secured an unused Pullman coach and had it refinished suitably for installing an exhibit. And in this way not only the people who live in the larger cities and towns in Kansas are given an unusual privilege to learn "how to keep healthy," but the people who live in small towns of 150 to 200 population are having the "visible" truth brought "even to their doors."

If you take time to look at the accompanying picture you will see there is the one center aisle, the exhibits arranged on both sides of the



INSIDE VIEW OF EXHIBIT CAR "WARREN"

car. All departments of the State Board of Health are represented, the Division of Child Hygiene occupying the largest amount of space.

The Kansas Association for the Study and Prevention of Tuberculosis was given the privilege of presenting its message to the people of Kansas in this way, and as you enter and look to the right you are attracted at once to two maps of Kansas—one with black tacks, saying "How many preventable deaths in your county?" Each tack represents a death from tuberculosis in 1916. The other has white tacks, representing the number of *reported* cases of tuberculosis; tacks placed according to counties. These maps never fail to bring forth exclamations of surprise and awe. One man was heard to say: "Well, if I don't see anything else, I'm paid for coming, for I shall stand a little straighter and breathe a little deeper than as if I hadn't come." Another man, of whom we heard, had visited the exhibit, heard what was said about an early diagnosis, and recognizing some of the symptoms in his own condition, went to the free clinic and later to the Sanitarium, where he made rapid progress toward recovery, but he said: "If I hadn't visited the exhibit I'd kept to work until it had been too late. I owe my life to the public-health car."

Then there's the "fresh-air school girl," dressed already for study on a winter's day, and pictures showing how the school is conducted. The window tent, sleeping porches, reclining chair, cot, sleeping bag and tuberculosis tent house, portray not only how one can get well, but how one can keep well. One man was looking at the tent house and said: "Well, that must be what the doctor meant. Why, I thought it was something I couldn't possibly have. I can make one of those."

Passing the tuberculosis exhibit, there are the different styles of bath-tubs for the babies. The suggestion, "A bath a day, keeps the doctor away," always brings forth a smile, and one mother was seen to go to the door, bring her son, who was just leaving, back to the tub to read "A bath a day keeps the doctor away." No need to say what that lad of twelve thought of frequent bathing. Then dryers for baby's woolens, so they won't shrink; the light, portable cot, so he can sleep on the proch or under the trees; the modification of milk; homemade icebox; and feeding table for the child—then he can have *all he sees*, and it takes him out of temptation's way, and he doesn't cry for the food of the adult.

The posters on the side of the car must be seen to be appreciated. One poster, showing the size of the baby's stomach at birth, three months and six months, emphasizes regular feeding and often "strikes home." A man turned to his wife and said, "Say, but we've been

stuffin' that kid of ours"; and what's more, we found they were giving it scraped banana and tastes from the table—a baby but a few months old.

As we turn from the Child Hygiene Department, at the other side of the car there is the sanitary drinking fountain for the rural school, and exhibit of antitoxins, the typhoid fly and his allies; also a model sanitary outdoor toilet. Then a model showing the contamination of wells—doubtless you have seen one like it; the house and well on low ground, receiving the drainage from the toilet and barn. Of course there is the grass, trees and road, quite realistic—but one "wilts" perceptibly when a person speaks up to say, "Purty, ain't it?"

Be that as it may, it is an eye-opener to some. One farmer studied it a long time, then heaving a big sigh, said: "That's my farm exactly, but I never thought of it. Some of my family sick all the time, but now there'll be some changes."

The correct seat for schoolroom, adjustable; the model grocery store; the right and wrong way to dust and sweep; the sugar dispenser for the hotel and restaurant instead of the open sugar bowl, and then the exhibit in "Fakes of food, patent medicine and beauty drugs" never fails to interest the most indifferent.

The plaster casts showing the result of thumb-sucking, adenoids, the too early extraction of milk teeth, claim a great deal of attention, and make a mother see that although a thumb-sucking baby may be a "good" baby, it may result in a mortally ugly one; and more, its nutrition so interfered with, on account of malocclusion, as to permanently injure the child.

The public-health car "Warren" has been on its mission of better health since January 6, 1917, and has traveled 2000 miles, making almost one hundred stops.

The value of public-health nursing, the ability of the public-health nurse (whether she be visiting nurse, school nurse, infant-welfare nurse, or all three in one) to help the ever-visible health need, is presented in many ways. One might ask, are we encouraged or discouraged as we have met the people of western Kansas? Greatly encouraged; the people come in crowds to the exhibit. At Palco, five district schools dismissed and brought the students to the exhibit. At Sharon Springs the business men closed their stores and came in a body to the car. All who come are for the most part eager, interested and enthusiastic.

Now as never before must we bend every effort to this end—better health; for the health of our people is our nation's greatest asset. So we must continue our work along all lines. The value of educational work can not be overestimated; and lectures, exhibits and literature do open their eyes; it leads to thinking and to personal practical application.

VARIED HEALTH PROBLEMS OF OUR MANY STATES

The following interesting summary of effort which has been made in Arkansas with the specific intent of creating interest in Public Health Nursing in that state proves that definite results follow such attempts. One statement in the article comes as somewhat of a surprise and that is that the people *recognize* that they have a claim on public health nurse service, as they have a claim on school education. If, indeed, public health nursing stands for important education along the lines of motherhood, child care and prevention of disease through the application of sound principles of hygiene and sanitation to family problems we feel that most decidedly we can justly put forward such a claim. We admire immensely the fine spirit which animates this report and feel that this getting together of states to assess their achievements and their needs is one of the surest ways of attaining complete national consciousness for this increasingly important movement.

REPORT OF THE NURSING REPRESENTATIVE OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING IN ARKANSAS

MARY BRECKINRIDGE THOMPSON

My work in Arkansas with the National Organization for Public Health Nursing began in December, 1916, when I became lay representative for the state. In September, 1917, nearly a year later, I yielded my position as lay member to Miss Erle Chambers, the Field Secretary of the Arkansas Public Health Association, and succeeded Miss Frankie Hutchinson, called into active work in the Army Nurse Corps, as nurse representative. It is pleasant to relate that my associations with both these colleagues has been uniformly happy and inspiring. I am fortunate too, in having been allowed to represent the National Organization in both its aspects in my state.

My first work as lay representative began early in 1917 when I, following instructions, secured the names of all the federated women's clubs in the state, nearly two hundred, and sent their chairman leaflets presenting the cause of public health nursing, with a personal letter to each and return post card enclosed. The post card was a form presenting the status of public health nursing and requesting to know if the particular club addressed supported or helped in the support of a public health nurse.

I am sure that much admirable publicity was achieved by this means, thus paving the way for a fuller presentation of the subject before the

Federation later; but the immediate results were disappointing in the extreme. Only thirty-four of the post cards came back and of these twenty stated simply that there were no public health nurses in their communities. However seven of the clubs in little towns evinced an interest and a desire to coöperate—one writing "Small town and has not yet awakened to the importance of a public health nurse," another "We have talked of having one, nothing done," a third "Think it fine work," and a fourth "Wish we could afford one but town too small to support one."

The three largest cities in the state had already made a beginning. The Little Rock clubs reported that their United Charities and the Metropolitan Life Insurance Company supported one public health nurse, a special tuberculosis nurse, and a school nurse, "as needed," to assist the medical director. Pine Bluff clubs wrote that the city had had a nurse about two months, that she was a city official, her position created by a city ordinance, but that the city paid only one-third of her salary—the balance being met by the Associated Charities. The Fort Smith clubs reported one infant welfare nurse and a Metropolitan Life Insurance Nurse affiliated with the Sparks Memorial Hospital. Of these public health nurses, although all were doing good and sorely needed work, gaining in value through experience, but one had received real training in public health nursing.

Outside of a few people in the larger towns the interest in public health nursing was practically non-existent. In fact, few persons in the state knew, except in the vaguest way, that the health of the public was being more and more considered a public charge, like its education, to be met in large part by a modern group of highly specialized women. On several occasions when I had an opportunity to speak on the subject before small gatherings of people, as once, before a teachers' county institute, I was amazed at both the interest shown in the idea and its apparent novelty.

Through the Red Cross Town and Country visiting nurse motion picture film and another of the same general type belonging to the Metropolitan Life Insurance Company, the subject was introduced in several fair-sized towns in the western part of the state in Child Welfare Week of 1917. In addition, when the Extension Division of the University of Arkansas put a group of agricultural workers in several rural sections of the state in the summer of the same year there went with them the Field Secretary of the Arkansas Public Health Association, Miss Chambers, who is a brilliant speaker and presented the subject of public health nursing, along with other aspects of public health needs, so as to evoke something like enthusiasm. I had the

pleasure of going out with the party several days while they were touring my county and I was impressed by the effect produced. I spoke also on the same theme to the women alone, after touching first on such prenatal and child welfare problems as were next the hearts of the mothers. Several times afterwards some of them came to me asking when they could have the nurses, saying: "We are taxed enough anyway, why shouldn't the state do this for us?" and "We need them the same as teachers for our children, but we need them first." It was moving in the extreme to see their dire need for the nurses and their recognition of it. I had feared that they, especially the more ignorant, might resent our wishing to fasten help upon them. But it was quite otherwise. We suggested it as a claim they had on the community, a claim they should present and enforce, and they took it in that spirit.

In September of 1917 I was made a member of the Board of Directors of the Arkansas Public Health Association, which has unquestionably been an immense help to me in presenting the case for public health nursing. Meanwhile I felt that the matter should be laid before the State Federation of Women's Clubs, if possible at their annual meeting at Fort Smith in November of the same year, and so in July I wrote to one of their officers, whom I knew most pleasantly, Mrs. H. C. Gibson, now president of the State Federation, regarding the matter, and asking that I be allowed to handle it. I stated that I had nothing to ask of anyone for anything, and only wished an opportunity to present, as its representative in Arkansas, the heart of a great modern movement to the women of the state, and that I hoped she would see that this was accorded me. She immediately took the thing up in the most cordial way with the program committee, whose chairman wrote promptly requesting me to make the talk, and stating day and hour. I went there, made the address, and was accorded a hearing more enthusiastic and interested than I had ventured to hope for. In fact nothing could exceed the kindness with which my presentation of the subject was received by representative women from all over the state, and everybody was most friendly. At the same time the cause was helped immensely by a stirring address from Miss Chambers, who was there in the interests of the Red Cross seal sale campaign about to be put on with energy all over the state, and who endorsed public health nursing in vigorous terms.

The last thing the National Organization has asked of me has been to try to introduce the standard record cards for public health nurses in the state. Unfortunately I have heard nothing from my letter to the nurse in P——— or the one at S——— regarding this matter and the firm in Chicago making the cards reports that no notice has been

taken as yet of their letters and samples. I trust this will receive attention later. Meanwhile the subject of public health nursing in Little Rock has been given new impetus owing to the city now being included in the sanitary zone around the cantonment at Camp Pike. The public health nurse who had previously been employed by the United Charities came into the United States Public Health service and began her work with the government in the same general locality. Only recently I learn that six public health nurses are now employed there in addition, one in the telephone office, three as school nurses, and one with the United Charities,—and that they are about to form into an association. I have suggested several times to interested clubs in the state that they become corporate members of the National Organization.

I was recently in Little Rock to attend a meeting of the Board of Directors of the Arkansas Public Health Association where I learned that our seal sale had cleared a sum sufficiently large to justify us in putting four more public health nurses in the state, to be employed by and work for our Association, two in Pulaski county and two in field work all over the state. Verily we have made a beginning.

I think the public health nurse who first takes up work in an untried ground must have her dark moments of discouragement, but they are balanced by the tremendous interest which attaches to all pioneer, to all creative work. Those of us who, as state representatives, are trying to prepare the way for her coming share to a limited extent both these feelings. Sometimes it seems as if our biggest efforts carried us only a very little way forward, but

> **Abide: thy wealth is gather'd in**
> **When time hath sunder'd shell from pearl.**

We must know that wherever honest work has been faithfully given results can be counted on. Someday we may ourselves be surprised at the harvest, when the time has come for bringing in the sheaves.

TENTATIVE PROGRAM OF THE ANNUAL CONVENTION OF THE AMERICAN NURSES ASSOCIATION, NATIONAL LEAGUE FOR NURSING EDUCATION, NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

TO BE HELD IN CLEVELAND, OHIO MAY 6–11, 1918, HOTEL HOLLENDEN

Monday, May 6

9.00 a.m.– 1.00 p.m.	Board of Directors.
2.30 p.m.– 4.30 p.m.	N. O. P. H. N. Session. State Representatives. Miss Mary Beard, presiding. Three-minute reports from representatives. Discussion. Appointment of special committee to draft 1918–19 program.
2.30 p.m.– 4.30 p.m.	Advisory Council for the three Organizations.
5.00 p.m.– 6.00 p.m.	Board of Directors. Drive (Monday or Friday afternoon)
8.00 p.m.–10.00 p.m.	Joint Board of Directors.

Tuesday, May 7

8.00 a.m.–10.00 a.m.	Registration
10.00 a.m.– 1.00 p.m.	Business meeting N. L. N. E.
10.00 a.m.– 1.00 p.m.	Business meeting N. O. P. H. N.
2.00 p.m.– 3.30 p.m.	N. O. P. H. N. Session. Lay Members. Mrs. E. A. Codman, President Instructive District Nursing Assn., Boston; Chairman Committee on Organization and Administration, presiding.
2.30 p.m.	House of Delegates A. N. A.
3.45 p.m.– 5.00 p.m.	N. O. P. H. N. Session. Lay Members. Mrs. E. A. Codman, presiding.
4.00 p.m.– 5.30 p.m.	N. O. P. H. N. Session. "Industrial Nursing." 1. Safeguarding the Worker as a War Economy. Mrs. Florence B. Downing, Industrial Nurse, Midvale Steel Company, Philadelphia, Pa. 2. Making Industries Safe for War. Dr. D. B. Lowe, B. F. Goodrich Company, Akron, O. **Discussion**
5.30 p.m.	Tea
8.15 p.m.	Joint Session. Opening Meeting. Miss Annie W. Goodrich, President, American Nurses Association, presiding Address of Welcome from Cleveland. Responses from the presidents of each organization How Nurses are Meeting the Present Needs—Major Winford H. Smith, Surgeon General's staff (or representative)

Wednesday, May 8

9.00 a.m.–12.15 a.m.	Legislative Section—A. N. A. (business and program)

9.00 a.m –12.15 a.m.	Private Duty Section—A. N. A. (business and program)
9.00 a.m.–12.15 a.m.	Mental Hygiene Section—A. N. A. (business session only)
9.00 a.m.–10.30 a.m.	N. O. P. H. N. Session. "School Nursing." 1. (Speaker to be chosen) 2. (Speaker to be chosen) Discussion
9.00 a.m.–10.30 a.m.	N. O. P. H. N. Session. "Tuberculosis Nursing." 1. The Problem of the Tuberculosis Soldier. The Responsibility of the Nursing Profession in his Care and Supervision. (Speaker to be chosen) 2. The Public Health Nurse's Share in the Tuberculosis Problem in Small Towns and Villages. (Speaker to be chosen) Discussion
10.15 a.m.–12.15 p.m.	N. O. P. H. N. Session. "Public Health Nursing in War Zones." 1. Public Health Nursing Service in Cantonment Zones—Mary E. Lent, Associate Secretary of the N. O. P. H. N. and Supervisor of Nursing Service in Extra-Cantonment Zones under the United States Public Health Service 2. Reconstructive Public Health Work of Nurses Abroad (Speaker to be chosen) Discussion
2.00 p.m.– 3.30 p.m.	Joint Session. "Reconstruction Hospitals." Miss Mary Beard, presiding. 1. Government Program of Reconstruction—Major Edgar King, War Department (or representative) 2. Woman's part in the Reconstruction Program—(Speaker to be chosen) Discussion.
3.45 p.m.– 5.15 p.m.	A. N. A. Session. "Mental Hygiene." Miss Elnora Thomson, presiding.
5.15 p.m.– 6.30 p.m.	N. O. P. H. N. Session. "Public Health Nursing Education." Miss Katharine Tucker, Vice-Chairman of Committee on Public Health Nursing Education, and Superintendent of Philadelphia V. N. S., presiding
5.30 p.m.	Tea
8.15 p.m.	Joint Session. "How the Public and the Nursing Profession are Combining to Supply Nursing Needs During and after the War." Miss S. Lillian Clayton, presiding Approach from the Layman's Standpoint and as a War Emergency. (Speaker to be chosen) Approach from the Standpoint of the Educator looking toward the Future. Dr. J. E. Cutler, Western Reserve University, Cleveland. Interpreting the Nursing Profession in its Attitude toward the War and toward the Future Demand. Miss M. Adelaide Nutting, Teachers College, Columbia University

Thursday, May 9

Concurrent meetings of organizations

9.00 a.m.–12.00 a.m.	N. L. N. E. Session (N. O. P. H. N. in attendance) (An intermission will be given but session will last three hours) Readjustment of the Curriculum to meet War Needs and its Effect upon the Hospitals. (Speaker to be chosen) Presentation of the Problem. Miss Elizabeth Burgess, State Department of Education, Albany Discussion: Special Preliminary Courses, led by Miss Isabel Stewart, Teachers College, Columbia University The Use of the Third Year, led by Miss Powell The Attendant, led by Miss Anne Hervey Strong, Simmons College, Boston The Red Cross Aid versus the Short Term Course, Miss Jane A. Delano, American Red Cross Free discussion will be arranged for on each o' these points by persons other than those mentioned. These discussions are not to be papers
9.00 a.m.–12.00 a.m.	A. N. A. Session. Chairman, Miss Dora E. Thompson, Superintendent of Army Nurse Corps An experience meeting. Papers from foreign service and from cantonments. Speakers—those who have returned from active duty
2.00 p.m.– 3.30 p.m.	N. O. P. H. N. Session. "Child Welfare." 1. Paper from Dr. William Lucas or Miss Elizabeth Ashe on the work in France 2. State Program of Child Conservation. Mary Beard 3. Community Baby Saving Program. Zoe LaForge Discussion
2.00 p.m.– 3.30 p.m.	Round Tables are being planned for A. N. A. and N. L. N. E.
3.45 p.m.– 5.15 p.m.	N. O. P. H. N. Session. "Possibility of Using Attendants and Red Cross Nursing Aids in Public Health Nursing Fields. 1. Cleveland Experiment. Miss Blanche Swainhardt, Superintendent, Cleveland V. N. A. 2. The New Law in Virginia. Miss Agnes Randolph, Secretary, Virginia Anti-Tuberculosis Association 3. Training, Licensure and Supervision of Attendants. Miss Grace O'Bryan, Boston I. D. N. A., Assistant Director
3.45 p.m.– 5.15 p.m.	Round Tables are being planned for A. N. A. and N. L. N. E.
5.15 p.m.– 6.30 p.m.	N. O. P. H. N. Session. "Records."
5.30 p.m.	Tea

8 15 p.m.	Joint Session. "Nursing as it Relates to the War." Miss Annie W. Goodrich, presiding Presented from all view points by Miss Dora E. Thompson, Superintendent of Army Nurse Corps Mrs. Lenah Higby, Superintendent of Navy Nurses Miss Jane A. Delano, Chairman, Red Cross Committee on Nursing Miss M. Adelaide Nutting, Chairman, Standing Committee on Nursing, General Medical Board, Council of National Defense Miss Mary Beard, Chairman, Sub-Committee on Public Health Nursing Miss Lillian D. Wald, Chairman, Sub-Committee on Home Nursing

Friday, May 10

9.00 a.m.–12.00 a.m.	Closing Business Sessions. N. L. N. E. and N. O. P. H. N.
1.00 p.m.– 2.30 p.m.	N. O. P. H. N. Session. "State Representatives." Mrs. Chester C. Bolton, Chairman, War Program Committee of N. O. P. H. N., presiding 1. Presentation of 1918–19 program 2. Home Defense in War. Mrs. Robert deNormandie, Boston 3. Organizing the State. How Arkansas Did It. Mrs. Richard R. Thompson, Nurse Representative of Arkansas Discussion
2.30 p.m.– 4.30 p.m.	Closing Business Session A. N. A. (to be adjourned Saturday a.m.) N. O. P. H. N. in attendance
4.00 p.m.– 5.30 p.m.	N. O. P. H. N. "Rural Nursing." 1. (Speaker to be chosen.) 2. The Nurse Midwife in Isolated Districts. Clara M. Davis Discussion (Drive, Monday or Friday)
8.15 p.m.	Joint Program. Conservation Problems. Miss Mary Beard, presiding Venereal Disease. Major W. F. Snow (or representative) Child Welfare. Miss Julia C. Lathrop, Chief, Children's Bureau (or representative) Food Conservation. Mr. Everett Colby Relation of Nurse to Food Conservation

Saturday, May 11

9.00 a.m.	Adjournment. A. N. A.
9.00 a.m.	Metropolitan Nursing Service Addresses by Field Supervisors.

WAR AND THE PUBLIC HEALTH NURSE

THE EFFECT OF THE WAR ON DISTRICT NURSING IN ENGLAND

By AMY HUGHES

[Editor's Note. It is with great pleasure that we publish the following article from Miss Amy Hughes, who has just retired from the office of General Superintendent of the Queen Victoria's Jubilee Institute for Nurses, which she has held since 1905. Miss Hughes has twice visited the United States, once to attend the nurses' conference at Chicago in 1893, and again in 1901, when she saw much of the district work in New York and other large cities; she also visited the Victorian Order of Nurses in Canada. In 1901 Miss Hughes was "lent" by the Institute for a six months' stay in Australia, in order that she might develop the Bush Nursing Association. The Council of the Institute have requested Miss Hughes to continue to represent them on all the committees and associations connected with their work; and she is also addressing the meetings of affiliated associations, especially in connection with the new schemes for Public Health.]

The work of Queen Victoria's Jubilee Institute, like all other nursing associations, has been seriously affected by the war. At the end of 1917 there were over 600 Queen's Nurses undertaking military service, these being drawn from England, Scotland, Ireland and Wales. They are working in connection with Queen Alexandra's Imperial Military Nursing Service, the Territorial Force Nursing Service, the Red Cross Society, and also with the Scottish Women's Hospitals in Servia and elsewhere. Several Queen's nurses have also been appointed to munition factories, to look after the women employed in these places. It has become increasingly difficult to find substitutes, as the majority of nurses are naturally undertaking special war work, and the shortage is causing much anxiety to the many committees who desire to deal with the urgent question of public health, and especially the care of infants and young children.

The Queen's Nurses are fully trained, certificated hospital nurses, and have had special instruction not only in undertaking general nursing in the varying conditions of the homes of the people, but also in all that concerns sanitation, the problems of child welfare and the education of the mothers in the laws of health. A large number of Queen's Nurses are certified midwives, and not only attend patients in this capacity, but also help in the Schools for Mothers and Infant Welfare Centers which are being established everywhere at the present

time. The value of this national work is so fully realized that the War Office, in spite of the need of nurses for military service, is not prepared to accept those who are acting as midwives and Health Visitors.

In England alone there are 161 associations affiliated to the Queen Victoria's Jubilee Institute who are employing non-Queen's nurses, and in many cases these are not fully trained. The staffs of the large homes are also greatly depleted, and this causes great difficulties where the training of midwifery pupils is part of the work of the association. The reports of the Institute Inspectors, however, are very encouraging —from every area they state that the superintendents and nurses alike have risen to the occasion and are working willingly and cheerfully under very difficult conditions. In addition to the actual nursing work the Superintendents have also to face the greatly increased problem of practical housekeeping under the new food arrangements.

In one way war conditions have somewhat lessened the number of acute cases, because the higher wages earned by large numbers of people have led to children, and adults also, being better clothed and, until recently, much better fed; the returns from nearly all the associations prove this for the last two years. In some of the large towns help with chronic patients has been given by the local V. A. D.'s, under the instruction and supervision of the Superintendent and her assistant.

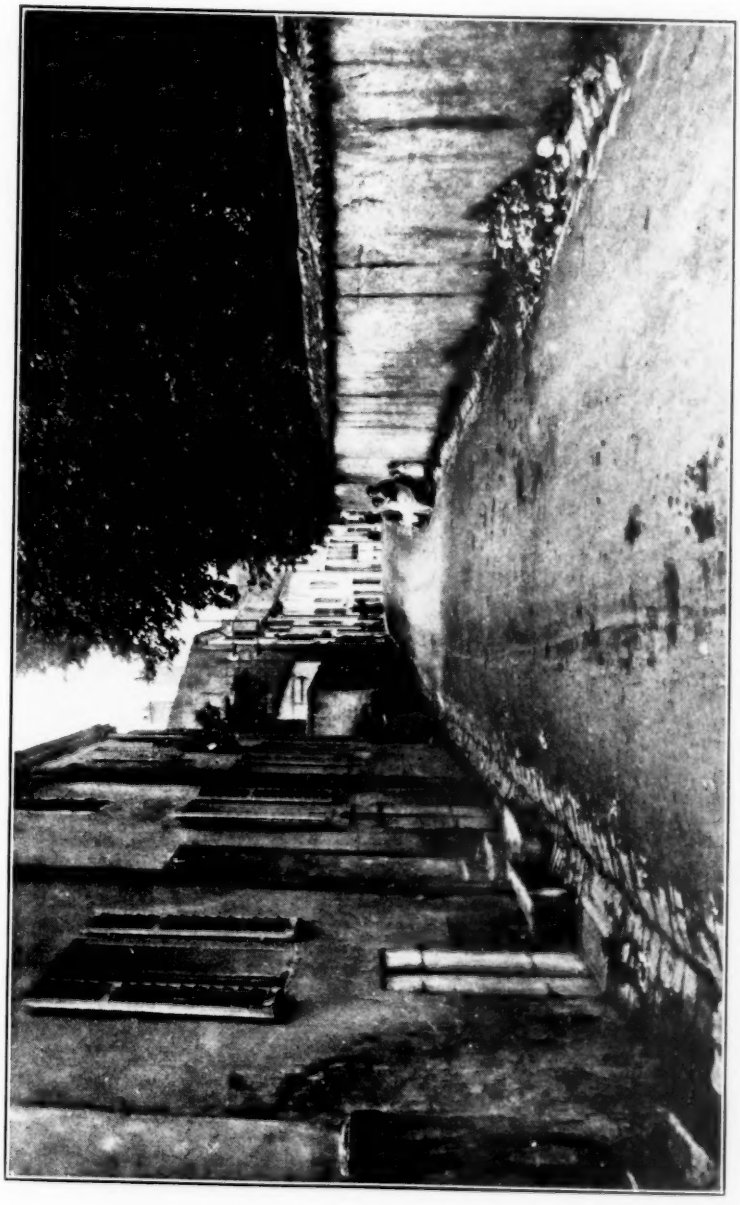
One point that will cause difficulty in the future arises from the fact that hardly any nurses are applying for district work at present, and therefore not only is there the present shortage, but also there will be hardly any available for two or three years. It is only natural for the hospital training schools at present to discourage their probationers leaving for other work, when they are needed urgently as staff nurses and sisters. There is no doubt, however, that the majority of Queen's nurses now doing war work will return to their posts again. It is very interesting to hear from practically all of them that they wish to return to their own patients again. The woman who is really interested in the people and possesses sympathy and tact becomes the friend and adviser of all her patients, and is able to exercise a wonderful influence upon them in many ways. It is very gratifying to have received unsolicited testimony from the heads of the military nursing services with regard to the adaptability of Queen's Nurses. Their power of producing good results with little or no material for the ordinary nursing appliances has been most favorably reported. This power is, of course, the practical result of the experience they have had in dealing with the various conditions they encounter in the homes of their patients.

AMONG THE CHILDREN AT TOUL, NESLE AND EVIAN

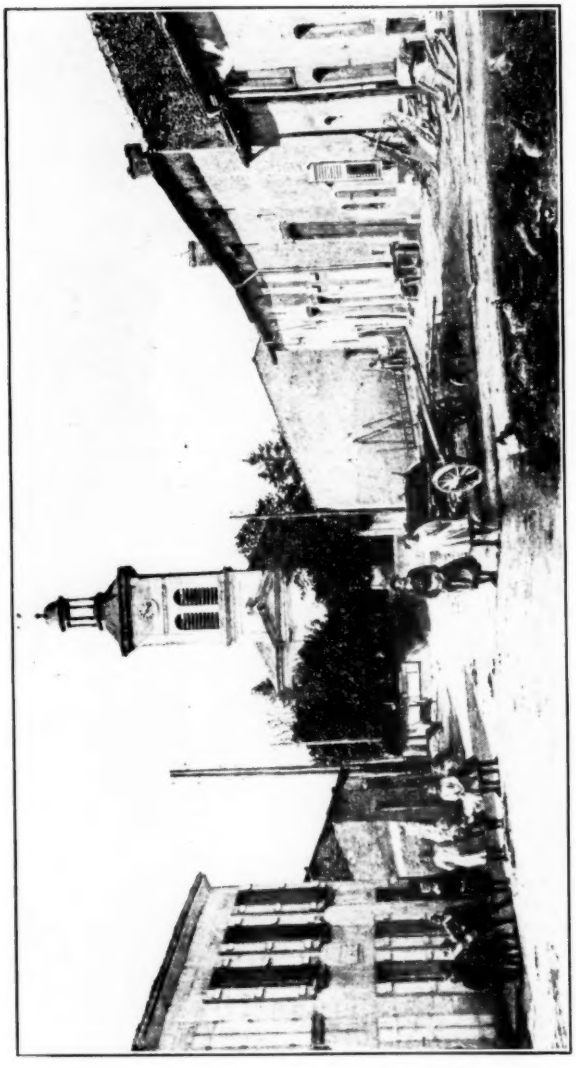
A very interesting account of relief work amongst children in France—work in which Miss Leete and other American public health nurses are engaged—was recently published in the Monthly Report of the American Fund for French Wounded. The first Civilian Relief work of the American Red Cross was established at Toul, in response to an appeal made by the Prefect of the Meurthe-et-Moselle for help for the children who had been driven back into Toul from the "gassed" villages in the neighborhood. The Caserne du Luxembourg, where over 400 children and their mothers are housed, will, it is hoped, become one of the big health centers of the district; there is now a staff of 29 workers, including doctors, nurses, laboratory experts, kindergartner, etc. The small acute hospital of 80 beds for the sick children is now running, and the dispensary service to the neighboring towns has begun. The doctor in charge of that service has already examined over 500 children in the outlying districts, and the sickest children have been brought back to the hospital.

An appeal next came from Nesle and the villages in its vicinity, where about 1200 children were without medical help of any kind. Dr. John C. Baldwin, of Johns Hopkins, was sent and made a preliminary investigation of the needs, in company with certain French authorities. The plight of these villages is pitiful; when they were retaken by the French in March, 1917, the Germans, as they retired, systematically looted the country, removing or destroying all the furniture, bedding, cooking utensils and other implements from the little country farms. Dr. Baldwin returned with certain definite recommendations which were immediately accepted by the Children's Bureau of the American Red Cross; and a ten bed hospital is now being established, with complete equipment. A dispensary has already been equipped, which can handle about 40 cases a day; and an automobile dispensary will visit all the sad little towns near Nesle and do for them medically all that is possible. It is the idea of Dr. Lucas to carry clinics wherever they are needed, and thus to develop medical work throughout the devastated districts.

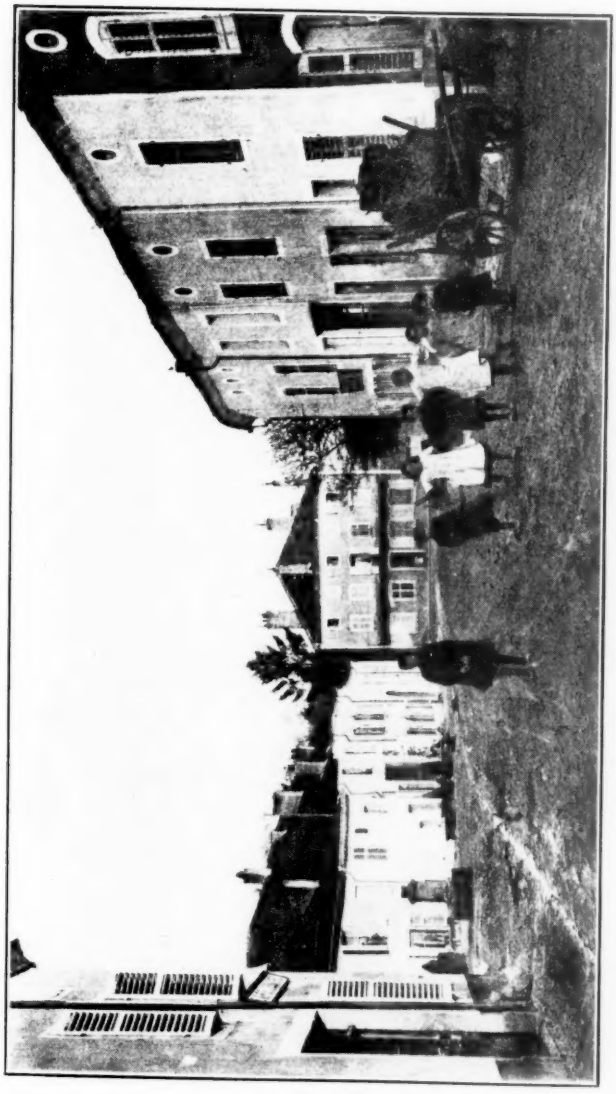
The automobile dispensary, as planned by Dr. Lucas and Dr. Baldwin, has a body made with a seat along one side which may be used to carry the nurse with a sick child back to the hospital; over the seat is a rack for the medicine instrument bags. On the opposite side is a rack for more bulky surgical dressings and splints. As there in only one seat there is room on the floor for the shower bath for the children. "The whole apparatus can be carried into the house, where



A DESERTED FRENCH VILLAGE—ONLY THE WOMEN AND CHILDREN ARE LEFT



A VILLAGE IN THE NEIGHBORHOOD OF TOUL.—CHILDREN WAITING FOR THE TRAVELING DISPENSARY



THE CHILDREN ARE SO PATHETIC

the water is heated on the fire. The tub of warm water is put on the wooden base. Into the tub goes the dirty child, standing; the doctor manipulates the hand pump while the nurse scrubs as the water descends. . . . . A few pumps from the bucket of cold water gives a hygienic finish to the bath. While one child is being scrubbed, the water for the next bath is being heated. It will mean tact and patience to have a shower bath as one's calling card, but the fact that it is an American motor is going to make much of it easy among these grateful people."

At Evian-les-Bains, on Lake Geneva, 1000 *rapatriés* arrive daily, about 60 per cent of them children, the rest old people. They are worn out by privation and hardship, and the children show the effects of three years of dirt, limited or no bathing facilities, skin lesions of all kinds, and low food rations. These people have been in Belgium or Germany ever since their villages were captured, but they are now being returned in order that Germany may not have so many mouths to feed. Great, indeed, is the scope for medical work amongst these thousands of *rapatriés*. The little station at Evian gives a realization of what war can mean to the civilian population, more vivid even than the sight of a devastated village. Every new train-load of *rapatriés* which arrives is met with an enthusiastic welcome back to France; the sick and feeble are taken to the ambulances, a big bus carries the smallest children, while the rest make their way on foot to the Casino, where a hot meal is ready for them. The balcony is the children's place; and while the older people pass into the big room where they go through the long, careful process of registering, the little ones are taken up to the balcony, checked, and left there to be washed, brushed and amused. It is in this balcony that the most serious danger of contagion is evident; and it is here that the American Red Cross coöperates with the dispensary just under the balcony, in giving better care to the children than has hitherto been possible in the hurry and rush of this daily influx of 1000 people.

The registration of the *rapatriés* is so important, and it is done carefully and without hurry. Many are the inquiries addressed to the registration bureau by relatives and friends who are making every effort to get in touch with their own, and the name of each *rapatrié* is instantly referred to that section of the registration; sometimes there is a letter or telegram that brings glad tidings that somebody cares—but, alas, the disappointments are so many! After registration they pass on to another room where they are assigned to a lodging for the night; while the dispensary sends the sick men and women and children to the different hospitals—and it is here that help is needed.

"The children are so pathetic, so many of them without their mothers, just sent along in a crowd in care of older women, and some of them too little to know their names and the old people have forgotten; they come from a certain village and that is all that is known. Many, many of these children are sick and diseased and their arrival presents a tremendous problem." The medical end of the work is being cared for by the Children's Bureau, with an acute hospital of 80 beds and several convalescent hospitals near.

These three centers of work, Toul, Nesle and Evian constitute the field work, so to speak, of the Children's Bureau of the Department of Civil Affairs of the American Red Cross up to the present.

A LETTER FROM MISS LEETE

The following letter from Miss Leete gives a further interesting picture of work on behalf of the French children.

Letter from Miss Leete

PARIS, FRANCE,
December 2, 1917.

My special work is with the Nursing Bureau as its chief nurse, and aside from placing the nurses I am to plan with the doctors the development of dispensaries, etc.

Dr. Lucas is splendid to work with, as he has a big, broad viewpoint, and is intensely interested in the welfare of the children over here. He is so marvelously sympathetic.

Our problems are tremendous—to think and plan wisely requires our most earnest attention, and I am thankful, so thankful, that I have had the privilege of working with the broad-minded people in Cleveland; many lessons I have learned there will help me here. So many, many people wish to follow the exciting path, and to quietly plan constructive work during destructive times and under such conditions is the most difficult task of all.

One of my first problems was to send two nurses down to Le Glandier to a chateau being fitted up for the Belgian children being sent back—1000 Belgian children, and everyone Belgian except the two nurses. None of the nurses knew French. I sent two nurses with tact and patience and sympathy, and hoped for the best. Last week they came in on their way to Evian to meet these 980 children (the original 1000) and joy! the Belgian doctor spoke English and they had been able to take daily lessons in French. They had scrubbed

and cleaned and made up all of the beds for the 980 forlorn waifs, and though desperately tired were happy in their service, but Oh! the things they wanted. I did wish some of the things I knew were on the way from America were here for them to take back. However, the things will be sent to them as soon as they arrive. This for those who have written that they have sent Christmas gifts for the Belgian children.

A convalescent home at Chateau des Halles writes about their first children; there were ten, all but two without mothers, and seven with fathers at the front. These children were glad to reach our little home—which is to grow into a larger one. Here we have at present four American nurses, who are most happy in their thought of service. Sunday, twenty-four more children arrived.

At Toul the work is continually growing. The poor tragic lives which seem so wrecked—the children, as Major Perkins said to me when he asked me to go there, "Just need mothering and cheering." How I did want to go, but if my training has fitted me for staying right here, I must be as willing to do that as I would be to do the more human side of the work.

There are over 79,000 refugees in Paris alone, and all of the central organization is here.

Miss Phelan, who was with the Infant Welfare Society in Chicago for six years, is in charge of the nursing work at Toul.

Nesle work has been established, and now they need another nurse, as their hospital is filling up rapidly. They have established stations in four surrounding towns, and here they hold clinics. Cleaning a place from top to bottom, carrying every drop of water across the garden, which is muddy, is not the idea we have of our "white capped" nurses; added to that the privilege of having their hours alternating from the first day early morning all day and to 2 p.m., then calling the second nurse who takes care of the children and builds the morning fires (only last week did their kitchen stove arrive), the third night she sleeps all night. But they are happy in their service—true service it seems to me. Only old people and children are there. They have a wide-awake, young John Hopkins doctor in charge, who gladly shares their burdens.

Many of the social centers here are beautiful in their character. Mme. Bossat ten years ago gave up her home to live just outside the city walls, in the midst of the factory district, and ever since this has been a center, now with changed service because of conditions as a result of the war—not so many babies, but more tubercular patients and more mothers working.

We seemed near to the firing line when a nephew of one of the nurses spent his leave in Paris with her, and two days after he returned to the front she received a telegram of his injury at the front; now he is in "Blighty."

Tonight I had dinner with an American doctor, who is going back up the line in December—going for real service.

After having written many times that Dr. Budin was the first person to plan constructive work for the preservation of the health of infants, it was a joy to visit Madam Budin, his widow, in a clinic kept up in memory of Dr. Budin; she is charming and beautiful about the work.

Dr. Richard Cabot has us meet Sunday evening in the Red Cross rooms and practice Christmas carols.

Perhaps it is because we see the results of the war without any of the excitement here in Paris, perhaps it is only a longer association with the French people, and again it may be sight of so many American uniforms, knowing that they are going to face the same awful conditions that the French faced for so long. I cannot tell you just what it is, but Paris is most depressing.

Did I tell you that I am still an Army nurse, both from choice and because Colonel Ireland said they would not release me; I have simply been released from number 2 or number 4 Base Hospital (Lakeside) because it is under the British and they grant only two months leave (my two months expired November 15). I have been detailed for duty here, but if our Army needs me in the spring, of course, the nursing care of the soldiers comes first. Next to that, and when one is not needed for that, helping the children seems to me of greatest importance, especially when you realize that at our hospital or receiving station at Evian 400 to 500 children daily pass under the scrutinizing eye of one of our doctors and receive after-care, when necessary, in the hospital or dispensary. They even receive simple treatments as they pass. This is when the convoys are bringing them back from the devastated regions.

If this letter seems disconnected and rambling, it is because I have been called away from it so many times.

Faithfully yours,

HARRIET L. LEETE.

TUBERCULOSIS IN FRANCE

By MARY MURRAY

So much has been written on the subject of tuberculosis in France that it seems absurd for me to add anything to what has already been said. I must confine my remarks to picturesque Finisterre, which is the darkest spot on the map so far as tuberculosis is concerned. The work with which I was connected was primarily intended to care for returned soldiers suffering from tuberculosis contracted in the trenches. Judging from the prevalence of tuberculosis in the home, it would seem that many of these men were infected with tuberculosis before being mobilized, but the disease, fostered by the hardships of trench life, developed rapidly.

Very little, if any, systematic tuberculosis work was done before the war. In this part of France there were no hospitals, or preventoria. The better physicians were at the front. Those remaining were very much overworked. There were no clinics and the visiting nurse was unknown. The pensions granted by the government were very small, which led to overcrowding, often to the one-room home. The cupboard bed was still in use in many places. Food and fuel were scarce, seldom if ever did we find water in the house and the washing was done at the public washhouse.

Without equipment or money, physicians or nurses, one can readily see the impossibility of checking this disease when this brave people awaken to the seriousness of the situation. The American people have already responded to the call and plans are in progress for combating the disease in France.

In the United States, we have had time to consider the problem. Our men did not have to be mobilized in any great hurry and we have physicians to properly examine them before they go over seas. Anti-Tuberculosis Associations are at work all over this country. Our condition can never be as bad as that in France, yet we must ask ourselves if this war continues for another four years, will we be prepared to properly care for the increased number of cases of tuberculosis which we must expect when our soldiers return?

The opportunities for service of the tuberculosis nurse in France are many and the work most interesting, yet no nurse should attempt the work unless she is especially qualified and can speak the French language. While writing, a letter has been handed to me, which shows the rapid growth of the work in Finisterre, under the management of Madame Post. In Morlaix the small Preventorium, opened in January, 1917, for the accommodation of fifteen children, has given

place to a modern up-to-date building, well equipped, with accommodation for 150 women and children. Four or five dispensaries have been established in different parts of the country. Miss Alice Malcolmson, of the Presbyterian Hospital, New York, who was the first visiting nurse in this locality, must be gratified to know that six nurses are now at work in this field.

LETTERS FROM FRANCE

November 9, 1917.

We landed safe and sound. I have never, never been so excited in my life. This country is perfectly beautiful and Bordeaux is the quaintest, most foreign place I've ever seen.

I'll really have to go back to Wednesday afternoon, when we saw land. We picked up a neat, business-like little convoy at about the same time, and shortly after we came into the harbor. The Gironde widens out a lot at the ocean. Every one was at concert pitch Tuesday night, but Wednesday they let down a good deal, though it was as dangerous as far as the submarines were concerned, I suppose. The Red Cross man came on board with customs officials and we anchored up river a bit. It was wonderful to see land and such adorable grey houses and pink roofs. The trees are all colored and the grass is still very green, and it was all so clean and fresh looking. We handed in our passports and vises after supper and then there reigned the most terrible confusion. All the cabin baggage, after the customs men got through (they were very nice, the customs men) was carried up on deck and weighed and checked to Paris. We decided it would be much better to check it then and there instead of waiting till morning, and so we stayed. Every one was there and we sat on our trunks, jumping down to shove them ahead towards the scales at intervals, till half after one. The people were awfully nice about helping and a couple of the men shoved ours for us most of the time. I finally got our trunks weighed and checked and went to bed. The next day, yesterday, we took a little boat up to Bordeaux. We waited for hours for the hand baggage to be put on, and we got away after two, some time. It was our first real discomfort, but somehow no one seemed to mind. The boat was full to overflowing, and it rained, and I loaned my flash light to a French officer and he didn't return it, and we got wetter and wetter; and about eight o'clock the lights of Bordeaux appeared, and the French officer returned my little light to me, and it stopped raining, and every one chirked up a lot. We had some difficulty about rooms, and it was all because at the last moment some

women who had said they would go straight through to Paris last night decided to stay at Bordeaux. We got reservations at a queer old place and three times they gave me one that was "Occuppé" but at last it straightened out, it always does. When we got settled we sallied forth for food. It was after ten by that time and we could not get anything cooked, but we had bread and wonderful cheese and the French officer whom I had maligned about not returning my light handed over a bowl of salad from his table and we had two cups of very good chocolate. This morning we got up at seven thirty and went to a little café near and had café au lait and "woofs" (oeufs), as one of the men said, and the name sticks as much as "Wipers" (Ypres).

This is a most charming country. Rolling and green with splashes of color where the trees are turned. There are pink roofs on the houses. The houses for the most part are grey concrete or stone or plaster and the roofs are all mossy with grey tiles and pink tiles. There are many gardens and it is all so pretty and peaceful and happy looking it is hard to realize we are so near "La Guerre." There were Americans at Bordeaux this morning and when I went to the telegraph office I asked my directions from a French looking person and he replied in English. I was so disappointed.

I cannot believe I am actually here in this wonderful place. I love it.

November 15, 1917.

I am home till four o'clock, or rather I have to be back at the hospital at four. I left at one. It is the longest time I have had off, so far. I did get away yesterday but had to spend all my time at the Commissaire of Police getting my permission to live in this district. He was a slow old boy, so I dug my letter from Mr. Herrick out and talked as fast as possible and waved by hands around and made a great to do and he bowed and scraped and took me into his private office and had his secretary take care of me. But even so my time was up when he finished with me. I am getting along beautifully. I was left in charge of the ward for an hour today all alone and I felt quite an old hand at it. The routine of the thing may interest you. I arrive at seven-thirty and start right in fixing up the rooms, beds straightened and spreads put on and bedside tables given a lick and a promise. Then we fly to take down the dressings, all the bandages off and a rubber sheet under the wound and if there are adhesive straps we undo them and leave only the last bit of dressing to protect the wound until the surgeon arrives. When he comes I fly back and forth between him and the sterilizer, there are plenty of instruments but not as at home,

enough to do a whole ward at once. I carry the dirty ones out and bring in his clean ones, carry the bowl of formaline and water for him to wash his hands in between dressings and try and not get in the way. I felt like a perfect dub at first, but this morning everything went swimmingly. Then the dressings have to be put up again, that is, the surgeon only does the important part, you see, and the first layer of cotton gauze or vaseline or powder or whatever he has prescribed is put on under his supervision, then the rest is done by the aid. The wards have to be straightened after the dressings, and the tables scrubbed. If there are any baths to be given they are done then or right after luncheon, which comes at a quarter to eleven. Some of the men get up and some are in "chaises longues" and some can dress themselves and some have to be dressed. After lunch those who are on "permission" go out for a little walk. They help each other, and they hobble about in a, to me, perfectly remarkable fashion. At four o'clock the temperatures, pulse, respiration, etc., have to be taken. I do that usually. They are put to bed, some before supper and some after supper, and the spreads taken off, and generally made comfortable for the night. I have all Poilus on my ward. They are sweet to take care of for they are so very grateful for anything one does for them. They thank you for the thermometer as if it were a gift, and they try to help me make the beds and fold the spreads. Some of them do their own beds and they are the bravest things I've ever seen when it comes to suffering. They never murmur and the dressings are a lot harder than being shot in the first place. There is one man on the ward named Didoet and he had his foot taken off day before yesterday, and half an hour after he came out of his anaesthetic I asked if his pillow was comfortable and he smiled and said he felt fine. He hasn't said one word about his foot and yesterday he sang and joked all day, and this morning he asked me when I was going out to walk and if I was going all alone or with my fiancé, and when I laughed and said I was going alone he said "Ah, c'est très triste." He is just an awfully good sport, and I can't understand why they are so cheery about it. The ones who are recovering—and they are a good many—can hardly wait to get back to war.

November 30, 1917.

I certainly have been busy. I was on duty all day from seven-thirty to seven, with half an hour out for luncheon, and this afternoon I was left in charge of the ward, and two new Blessés arrived fresh from the trenches—the first time it has happened since I've been here. They had to be washed from head to feet—heads and all—but they didn't have "one single flea." One man had been dressed at a first

dressing station three days ago and he has two arms wounded and a hip. I don't know what about his hip because Dr. B——— came in to do the dressing just as I was leaving tonight, but he had been wounded three days ago and he was tired and dirty and he beamed when, as a last parting shot, I parted his hair in the middle and brought him some hot soup. I have had lots of nice things to do and I like my work, and my head nurse said she was more than pleased with me.

Mother dear, I want my blue uniforms, they are so expensive here, it will be worth the gamble to try and get them over and I'll need them later on, for mine are getting pretty hard wear, and what I want you to do is to make up little packages, a dress and collars and cuffs and apron, if you can get aprons like mine with a bib or a bib separate to wear with the aprons that are there,—make a unit and send them each one separate by parcels post to me here at——— and I'll get some of them at least. Divide the collars and cuffs between the gowns and then if only one package gets through, I'll have all the necessities for one change. Here collars are 5 francs and dresses are exorbitant. I had two made because I had to have them, but I'd like mine and I think it's worth trying. Packages do come through and candy gets here and all sorts of things. The game is to send them by parcels post always and pay plenty of mail because they hold them up for stamps.

December 10, 1917.

I had early hours today, 10 to 1, and so I strolled home and peeked into a couple of funny old apartments "á louer." I don't know why the big high doorways opening into a court interest me so much, but I invariably want to go in. I am so used to being here now it seems as if I had been jabbering French and walking about Paris streets for *years*. I love the hospital and the people, and for the present I don't feel a bit "Embrosqué" (the French for slacker). Of course it's a beautiful hospital and everything is done to make the work as easy and nice as possible, but even so we do work hard. The military nurses in from base hospitals of course think we are a bit pampered.

I had a little cold last week and staid in a couple of days. I went back to work yesterday feeling quite all right again. Everyone was glad to see me back and my "Blessés" all came to see me and tagged around after me all morning wherever I was working—in a very devoted but rather annoying manner. There are two who always link arms and salute and then bow very low saying in chorus "Good morning, Mees ——— how are you today?" And then my own Blessés, the ones from the trenches that I wrote you about, have a horrid joke on me—you'll roar. I did myself. They explained to me the other day,

"What do you say when we want to talk to you? Dans un minute?" (in a minute). What do you say when we want the windows open? When we want a drink of water? When we want to get dressed and go in the wheel chairs?"—only they gave each question and then all shouted at me—roaring with laughter "Dans un minute." I laughed and swore to myself that I'd never say it again, but I forgot of course, and they shrieked. They ask me always, when I'm hurrying on an errand, and I ought to say "tout à l'heur," which means the same thing in French as "after a while."

They want always to share everything with me, from candies to picture books, and they put everything under their pillows, boots and fruit, pajamas and dressings and playing-cards. They hoard little bits of bandages. Oh, they're frightfully disorderly. Well it's time for luncheon and then I must go back to them. They are such funny old things. I wish you could see them.

February 1, 1918.

It's wonderful being here. I've been transferred to the American Ward, and then re-transferred back to my old ward which is to be changed to an American ward—American officers surgical. I was on alone this afternoon. The whole place has been pulled to pieces and disinfected and cleaned and we've lived in a turmoil of disorder the last two days. But we were to be ready to receive patients tomorrow a.m., when slap bang out of a clear sky four French Blessés arrived! There wasn't any other place for them, so I had to put them in one of our nice "ready-for-the-general-himself-if-need-be" wards. It was rather confusing and I had to send in an S. O. S. for help. I simply couldn't give all four baths at once, and the poor dears were so cold and dirty—they had been in an ambulance for days—it's very pleasing and satisfying somehow to scrub them, and put them in clean beds and clothes and feed them and see them contentedly fall off to sleep!

NATIONAL NURSING COMMITTEES

The Committee on Nursing

The Committee on Nursing recently adopted a resolution recommending to the Surgeons General of the Army and of the Navy that a tour of inspection of the nursing service in military and naval hospitals be made by a specially qualified nurse, and requesting that this privilege be accorded to Miss Annie W. Goodrich. This resolution was endorsed by the Executive Committee of the General Medical Board and approved by the Surgeons General; it also received the support of Secretary Baker, and Miss Goodrich has accepted the com-

mission from General Gorgas, for the period of the war, not only to visit and report upon the military hospitals in America, but also in France; and has already entered upon her duties.

The impression has gone forth that there is a serious shortage of nurses, because of the recent insufficient numbers of nurses in the cantonment hospitals. The Committee on Nursing has been able to establish the fact that this shortage was largely due to the fact that the commanding officers had not called for larger numbers. This is indicated by the chart showing the relative numbers of nurses to patients in the various hospitals. Nurses are able and willing to endure any hardships in the line of duty, and the 2500 who are under orders and awaiting assignment to active service have found their idleness exceedingly trying in the face of such great need of their service. In this connection it is unfortunate that the unqualified statement has been made that 37,500 nurses *are* needed by the War Department, whereas it is well known that this great number will only be required when 1,500,000 men are mobilized and in action.

In regard to the mobilization of nurses, the Committee on Nursing has recommended that quarters be provided for the accommodation of 25 nurses over and above the required number at each cantonment hospital in this country; these extra nurses to be given special service in the cantonment hospitals, and to be available for transfer abroad, should the need arise. This reserve will provide against emergencies and will afford excellent training for overseas service to the members of each reserve corps. It also provides an opportunity for testing the fitness of the women for military duty before they are sent abroad. The Committee also called attention to the fact that the urgent need for additional nurses makes necessary increased housing facilities; and recommended that accommodations be asked for nurses in the ratio of one to six for the acutely sick patients. It is generally accepted in civilian hospitals that one nurse can not adequately care for more than six acutely sick patients, hence this ratio has been recommended for the military and naval hospitals. These recommendations have been endorsed by the Executive Committee of the General Medical Board and approved by the Surgeons General.

The Committee is preparing new letters and circulars for distribution to superintendents of training schools, to registries, and to state committees and alumnae associations, looking toward increased enrollment for patriotic service of women qualified for military duty, and of others for part time civilian duty acting as an auxiliary nursing service; and also to the steady increase of the numbers of students in the schools.

The proposed preliminary course in nursing, offered by Vassar

College[1] to college graduates preparatory to a two year course in accredited training schools, is regarded by the Committee on Nursing as a momentous event in the history of nursing education, and also as a war measure of extraordinary value, in that it is confidently expected that this course will attract many hundreds of educated young women into training schools next October; a large proportion of them, because of their former educational advantages, will qualify in the shortest possible time for teaching and administrative positions, thereby repleting institutions which have already suffered seriously by the loss of their executives and teachers for war duty. The Red Cross has contributed $75,000, and a special committee of the National League of Nursing Education is working out the details of the course, at the request of the Committee on Nursing.

A far reaching plan is being worked out by the Committee, that will, when accomplished, have the effect of increasing the supply of nurses by about 30 per cent, and of reducing the period of training to two years, by a scheme of affiliation that will make the third year one of national service as well as training; thereby *not* altering the educational requirements for graduation, but only adapting them to meet war needs. It is hoped that this plan can be reported in full in the near future.

In response to magazine publicity 459 letters have been received by the Committees, from young women asking for information regarding a nurse's training. A fairly large proportion of these letters came from women whose educational advantages would fit them to enter a training school.

The Sub-Committee on Public Health Nursing

War has made it necessary for the nation to face frankly the problem of venereal diseases. The work being done within the camps and in their adjacent communities is insufficient; a limiting zone cannot be definitely established about any camp, for the men come from all parts of the United States and pass through many cities and towns on their way to the camp and later to their points of embarkation. Conditions in the army reflect the conditions throughout the whole civil population. Another draft will soon be called and men will be going from civil life into the army; there must therefore be no delay in educating the entire civilian population regarding the seriousness of these communicable diseases and in making a direct attack on venereal

[1] An outline of this course is given at the end of the Department on "War and the Public Health Nurse." (P. 229.)

diseases as a public health measure. The Sub-Committee on Public Health Nursing is coöperating with the War Department by sending a letter to all Superintendents of Training Schools, calling their attention to the urgency of this question, and also sending to them carefully prepared lectures, with collateral reading for nurses, with the urgent request that, in case the subject is not already included in the curriculum, they shall be presented to the 1918 classes, so that no graduate will leave the school ignorant of this exceedingly important subject.

In response to a suggestion from the sub-committee on public health nursing that an experimental course of instruction should be given to public health nurses in practical food economics, such a course has already been provided in Cleveland, Ohio, and is being planned in the State of New York. In Cleveland the course is being given under the auspices of the Food Conservation Section of the Cleveland Woman's Committee of the Council of National Defense; the lecturer is Miss Florence Nesbitt, and her first lecture was attended by 36 supervisors and public health nurses and one or two guests. The course is to cover a period of five weeks.

The New York State Organization for Public Health Nursing has also taken up the subject of food conservation and has made arrangements for carrying out a very thorough and far reaching series of lectures. Miss Martha Van Rensselaer, of the Department of Home Economics, New York State College of Agriculture at Cornell University, New York, in coöperation with Mr. Babcock, appointee of the United States Food Administration in charge of Food Conservation for New York State, is using the facilities of the Department of Home Economics in the State College of Agriculture for subject matter material for this plan to give assistance to public health nurses in regard to instruction on food conservation. The plan is to prepare a series of at least six lessons, each to consist of four mimeographed sheets to be forwarded to all members of the New York State Organization for Public Health Nursing, or such list as the Organization may prepare. The first will be on the food situation. The following lessons will be upon matters relating to the food emergency, as pointed out by the United States Food Administration. The names of these nurses will also be placed on file to receive all printed material which may be used in connection with the lessons and such mimeographed material as will apply to this work. This material will contain recipes for food substitutes which we are called upon to use. For those desiring to do more thorough work in dietetics, it will be possible to give references for reading and study. In addition there will be given to the nurses in each county the name of the county home demonstration agent

employed by state and federal funds. The work of the nurses in the homes should be coöperative with these agents in order to avoid duplication and to insure better work on both sides. The work of the agents is a coöperative one with local, state and federal agencies.

THE NURSING-PREPARATORY COURSE IN VASSAR COLLEGE

Nurses everywhere will be interested in the recent announcement of a three months' preparatory course in nursing which Vassar College is planning to open this summer to college graduates who wish to enter for the two year and three months course of training in nursing.

The fact that Vassar college has chosen to make its main contribution to national preparedness in the form of a preliminary course leading to the regular professional training, rather than in the form of popular short-cut courses for amateurs, is significant and encouraging. It is clear evidence of the growing recognition of nursing as a field for highly trained workers. It shows that the country is realizing the vital part the nursing service has to play in the prosecution of the war, and it seems to show also that with all the various forms of national service competing for the enlistment of our ablest and most thoughtful women, the old call for personal service to the wounded and suffering and the new call for life-saving through prevention and conservation, still make a very strong appeal.

The Vassar summer course has been planned with the advice and coöperation of the Committee on Nursing of the General Medical Committee on National Defense and also with the constant assistance of a small working committee from the National League of Nursing Education, composed of Miss Elizabeth Burgess, Inspector of Nurses Training Schools, New York State, Miss Anna Strong, Assistant Professor of Public Health Nursing, Simmons College, Boston, and Miss Isabel M. Stewart, Assistant Professor of the Nursing and Health Department, Teachers College, Columbia University, New York. The American Red Cross has advanced the funds necessary to secure the best facilities and the most competent staff of instructors who can be obtained in the country. This money is a special gift and has not been drawn from the regular funds of the Red Cross. Several men and women of national reputation have already promised to share in the teaching work, and it is believed that these stimulating associations, the comradeship of an unusually earnest and intelligent body of women, and the beautiful surroundings of Vassar College, as well as the call

of the work itself, will combine to attract a large number of student recruits.

Miss Julia Lathrop of the National Children's Bureau has been one of the most enthusiastic supporters of the proposed course and is eager to secure large numbers of such well-trained women for the infant welfare campaign which leans so heavily on nurses.

Nurses will be interested in knowing that the Dean of the Summer School will be Professor Mills, a member of the Vassar College faculty who some years ago earned the appreciation and thanks of every member of the nursing profession by resigning from the school board of Poughkeepsie as a protest against the appointment of an untrained woman in the position of school nurse. Professor Mills will be supported by a very able member of the nursing profession who will have direct supervision over the actual work and life of the students.

Further details about the course may be obtained by applying to Vassar College, Poughkeepsie, N. Y. Nurses and nursing organizations throughout the country are asked to coöperate with the Publicity Committee of the Vassar Alumnae by spreading information about the course and by interesting possible applicants in it.

NOTES FROM THE FIELD

Miss Mary S. Gardner is for the coming year to be Director of the Town and Country Nursing Bureau of the Red Cross. Miss Elizabeth Fox, who has been Superintendent of the Visiting Nurse Association, Washington, D. C., is to be Associate Director.

Miss Fannie Clement, who for five years has been Director of the Town and County Nursing Bureau of the Red Cross, will spend the next few months in the preparation of a hand book on *Rural Nursing*, which is one of a series on public health nursing to be edited by Miss Gardner and published by the Macmillan Company.

In coöperation with the Woman's Committee of the Council of National Defense, and therefore with the principal woman's organizations of the country, the Children's Bureau is preparing plans for a child welfare campaign for the second year of the war. The first aim of the campaign will be to secure the Public Protection of Maternity and Infancy.

Public Health authorities agree that one-half of the deaths of infants are easily preventable, and that if children were well born and well cared for there would be practically no deaths of babies. Three hundred thousand American children under five die each year. Authorities also tell us that most of the fifteen thousand mothers who died last year died needlessly.

Each state is asked to save a certain quota of infant lives. The state councils of defense and the state women's committees are called upon to be reponsible for these state quotas. The actual methods by which these lives are to be saved are those whose effectiveness in saving children's lives is already demonstrated, and may be briefly given as follows:

First. The registration of births, so that there may be an immediate record of every child born; and nursing and medical skill may be provided wherever family income does not permit its being secured independently.

Second. For every mother prenatal care, necessary care, of doctor and public nurse at confinement, and after care.

Third. Children's conferences where well babies can be taken periodically to be weighed and examined, and clinics where sick children may be given medical advice.

Fourth. The organization of state and city divisions or bureaus of child hygiene.

Fifth. The guarding of the milk supply, that every child may have his quota of clean, pure milk.

Sixth. An income making possible decent living standards.

The campagn to save 100,000 lives of babies and young children in the United States during the second year of the war is to be inaugurated by a national weighing and measuring test.

Weighing and measuring should begin as soon as possible after the sixth day of April, and should be concluded within sixty days. It has been suggested that where Baby Week celebrations of any sort are to be held the last six days of this period, being the first six days of June, should be taken for Baby Week. Such celebrations as are held, will, it is hoped, especially emphasize the need of public health nurses and of special protection for young infants against the various dangers of summer heat.

One of the most remarkable developments of the war, a victory not heralded on front pages, yet which in time to come will be noted by all students of human welfare, is the saving of infant life in England during the second year of the war. The report of the Chief Medical Officer of the Local Government Board, Sir Arthur Newsholme published in 1917, shows for one sanitary district after another throughout England and Wales the number of babies who died before the war, those who died the first year of the war and the deaths for the second year of the war, 1916.

It is startling to turn over the pages of this report and to see that the general social confusion of the first year of the war resulted in a large increase in the number of babies who died. But in the second year of the war when the local government board was enabled to grant financial aid to the various sanitary districts and to secure coöperation in its policy of health visitors for every mother and baby, of health centers for consultation, of hospital care for sick mothers and babies, the rate went down not only far below the rate for the year before but far below the rate previous to the war.

This record of life-saving in the midst of the strain of war by means so simple and so at command is, we believe, entirely without parallel.

Again, why should the United States, especially the newer rural states, be satisfied with a less favorable infant mortality rate than that which New Zealand can show? The New Zealand rate has steadily gone down, notwithstanding the war, and is now almost precisely half the rate for the registration area of the United States; that is, in New Zealand one baby in twenty dies, while in the United States one baby

in ten dies. The most favorable state rate in the registration area is 70, that of Minnesota. Why should Minnesota not enter the race with New Zealand?

We regret to say that owing to a misunderstanding the story told by a nurse in the January 1918 Quarterly entitled "A Day in a Suburban District of Maryland" was attributed to Miss N. E. Walker instead of to Miss Sarah Sutherland, a nurse in the Annapolis district who actually wrote the account.

BOOK REVIEWS AND BIBLIOGRAPHY

A Complete System of Nursing. By Millicent Ashdown, Certificated King's College Hospital and Royal London Ophthalmic Hospital, Moorfields Examiner in Nurses' Practical Work to Guy's Hospital, London, and the West London Hospital; formerly Lecturer to the Nurses on Bandaging, etc., at King's College Hospital. London and Toronto: J. M. Dent and Sons, Ltd. New York: E. P. Dutton and Company. With numerous illustrations and diagrams. Price $5.00 net.

The author has brought together an immense amount of material and presented it in a form that can be readily comprehended by the general reader. The book combines principles and methods of nursing that may be associated with practically all diseases, thus making it a valuable comprehensive reference book.

Caroline V. McKee.

Clinical Laboratory Technic for Nurses. By Anna L. Gibson, R. N., Matron of the Boston City Hospital Relief Station, East Boston, Mass., Instructor of Laboratory Technic to Graduate Nurses, and Assistant Matron Superintendent of the Huntington Hospital, Harvard Medical School, Boston, Mass. Whitcomb and Barrows, Boston, Mass. Price $1.25 net.

This book contains 194 pages. The contents are divided into twelve chapters, and an appendix. There are chapters on laboratory equipment, urine, gastric contents, blood, culture media, body fluids, etc.

Most of the common tests and methods as well as some of the rarer ones are given. Forms for tabulating results are to be found at the ends of the different chapters.

Miss Gibson states in the preface that the "book owes its existence to the frequent request on the part of graduate nurses, for a simple comprehensive text book" on this subject.

The book should be very acceptable to those who wish to understand the principles of clinical laboratory technic; as the subject matter is set forth in a rather elementary way, which makes it easy to grasp, and yet it is quite complete. To those who want to do laboratory work, the book would be of assistance as a manual for practical work.

G. B. Wolff, M.D.